



**SMALL BUSINESS ENTERPRISE
(SBE)
CERTIFICATION VERIFICATION
PROCESS**

Cleveland Airport System

Small Business Enterprise (SBE) Element Guidelines

March 2013

In fourth quarter 2012, Cleveland Airport System (CAS) received approval from the Federal Aviation Administration for the addition of the Small Business Enterprise (SBE) element to its Disadvantaged Business Enterprise and Airport Concessions Disadvantaged Business Enterprise (DBE and ACDBE) programs.

The Airport is including this SBE element to facilitate competition by expanding opportunities for small businesses. The Airport is committed to taking all reasonable steps to eliminate obstacles to small businesses that may preclude their participation in procurements as prime contractors or subcontractors. The Airport will meet these objects using combinations of the following methods and strategies:

Set-Asides – Where feasible, the Airport will establish a percentage of the total value of all prime contract and subcontract awards to be set-aside for participation by SBEs on FAA-assisted contracts. A set-aside is the reserving of a contract or a portion of a contract exclusively for participation by SBE firms. A SBE set-aside is open to all small businesses regardless of the owner's gender, race or geographic location.

Unbundling – The Airport, where feasible, may “unbundle” projects or separate large contracts which may be suitable for small business participation. The Airport will conduct contract reviews on each FAA-assisted contract to determine whether portions of the project could be unbundled or bid separately. Similarly, the Airport will encourage its prime contractors or prime consultants to unbundle contracts to facilitate participation by small businesses.

Certification and Verification Procedures

Firms seeking certification with the Airport must not exceed fifty percent (50%) of the NAICS Code threshold established by the SBA for their specific industry. All firms whose gross receipts exceed 50% of its industry NAICS threshold will not be certified as a SBE with the Airport. Firms seeking certification should verify thresholds by visiting SBA Website at:

<http://www.sba.gov/content/small-business-size-standards>

The Airport will accept the following certifications for evaluation and possible certification and participation in the small business element of the Airport's DBE Program with applicable stipulations:

1. City of Cleveland, Office of Equal Opportunity Cleveland Small Business Certification (CSB) only.
2. Cuyahoga County Small Business Enterprise Certification
3. US SBA 8(a) Certification

4. Northeast Ohio Regional Sewer District Certification
5. Northern Ohio Supplier Diversity Council

*All firms certified with the entities listed above seeking Airport small business certification must submit the most recent three (3) years business tax returns, complete sections 1 and 3 part B of the Ohio UCP DBE application and submit proof of certification and areas of expertise with its Airport Small Business application.

**For purposes of the small business element of the Airport's DBE program, small businesses which are also owned and controlled by socially disadvantaged individuals will be encouraged to seek DBE certification.

***Minority and women-owned business enterprises awarded contracts under the small business enterprise set-aside will be strongly encouraged to seek DBE certification in order to be counted towards race neutral DBE participation.

Registry

The Airport will maintain an Airport Small Business Registry for all firms it grants SBE designation. This registry is separate from the Ohio UCP DBE Directory and maintained solely by the Airport.

Contracts and Goals

The project manager (PM) and DBELO or the Small Business Officer (SBO) will review FAA-assisted purchases and contracts to assess the small business opportunities, giving consideration to the size and scope of each purchase or contract to establish the set aside percentage. This set-aside is in addition to the DBE contract goals which may be required pursuant to applicable law or policy. All Airport FAA-assisted contracts will have a minimum of a ten percent (10%) SBE set-aside goal assigned. All FAA-assisted contracts will be reviewed individually to determine if the SBE 10% set-aside goal is appropriate. The goal maybe increased or decreased based on size and scope of the purchase. If it is determined after consideration of size and scope that a SBE goal of zero percent (0%) or no goal is to be assigned to a contract, the PM and/or SBO will document why a small business set aside goal is inappropriate.

The Airport, where feasible, may "unbundle" projects or separate large contracts which may be suitable for small business participation. The Airport will conduct contract reviews on each FAA-assisted contract to determine whether portions of the project could be unbundled or bid separately. Similarly, the Airport will encourage its prime contractors or prime consultants to unbundle contracts to facilitate participation by small businesses.

Monitoring

All FAA-assisted contracts will be monitored monthly for small business participation. All prime and SBE subcontractors will be required to submit monthly payment compliance information to the EBED monitor and through the PRISM contract compliance system. All prime contractors and their SBE subcontractors will be required to adhere to all Davis Bacon regulations and report weekly to the prevailing wage coordinator and through the PRISM contract compliance system. There may be additional compliance reporting requirements that contractors and SBE subcontractors will be subject to.

Enforcement

A firm that does not meet the eligibility criteria of the Airport's small business program and that attempts to participate in a FAA-assisted program as a small business enterprise on the basis of false, fraudulent, or deceitful statements or representations or under circumstances indicating a serious lack of business integrity or honesty, the Airport may withhold payment, initiate suspension or debarment proceedings against that firm and recommend to The Department of Justice additional actions.

The Airport may refer to the Department of Justice, for prosecution under 18 U.S.C. 1001 or other applicable provisions of law, any person who makes a false or fraudulent statement in connection with participation of a small business in any FAA-assisted program or otherwise violates applicable Federal statutes.

Assurances

The Airport makes the following assurances:

1. The DBE Program, including its small business element is not prohibited by state law;
2. Certified DBEs that meet the size criteria established under the DBE Program are presumptively eligible to participate in the small business element of the DBE Program;
3. There are no geographic or local preferences or limitations imposed on FAA-assisted contracts and the DBE Program is open to small businesses regardless of their location;
4. There are no limits on the number of contracts awarded to firms participating in the DBE Program;
5. Reasonable effort will be made to avoid creating barriers to the use of new, emerging, or untried businesses; and
6. Aggressive steps will be taken to encourage those minority and women owned firms participating in the small business element of the DBE Program that are eligible for DBE certification to become certified.

Please contact the following Emerging Business Enterprise Development (EBED) staff:

Mr. Jermaine Brooks
Certification Officer
216-265-3389
jbrooks@clevelandairport.com

Mrs. Rosita Turner
Lead Contract Compliance Officer (construction)
216-265-6606
rturner@clevelandairport.com

Mr. Roman Orinoco
Contract Compliance Officer (professional services)
216-265-6197
rorinoco@clevelandairport.com

Mr. Leonard Goins
Prevailing Wage Coordinator
216-265-3353
lgoins@clevelandairport.com

DBE Unified Certification Application

SECTION 1: COMPANY INFORMATION

A. General Information

| | | | |
|--|-------------------|-----------------------------------|-------------|
| 1. *Legal name of business: | | 2. *Other names used by business: | |
| 3. Website (if have one): | | 4. *Federal tax ID: | |
| 5. *Company phone #: | 6. Other phone #: | 7. Company fax #: | |
| 8. E-mail communications: <input type="checkbox"/> Yes <input type="checkbox"/> No | | 9. *County | |
| 10. *Street address of firm (No P.O. box): | | City: | State: Zip: |
| 11. Mailing address of firm (if different): | | City: | State: Zip: |

*Indicates required field

DBE Unified Certification Application

B. Business Profile

| | | | | | | | |
|--|---|------------|-------------------------|------------|-------------------------|------------|-------------------------|
| 1. *Date the firm was established: ____/____/____ | 2. *I/We have owned this firm since: ____/____/____ | | | | | | |
| 3. *Method of acquisition (check all that apply): <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Started new</div> <div><input type="checkbox"/> Inherited</div> <div><input type="checkbox"/> Purchased existing</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Merger or consolidation</div> <div><input type="checkbox"/> Secured concession</div> <div><input type="checkbox"/> Other (explain)</div> </div> | | | | | | | |
| 4. *Number of employees: Full time _____ Part time _____ | | | | | | | |
| 5. *Legal structure (check all that apply): <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Sole Proprietorship</div> <div><input type="checkbox"/> Limited Liability Partnership</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Partnership</div> <div><input type="checkbox"/> Limited Liability Corporation</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> S-Corporation</div> <div><input type="checkbox"/> Joint Venture</div> </div> <div><input type="checkbox"/> C-Corporation</div> | | | | | | | |
| 6. *Has your firm ever existed under different ownership, a different type of ownership, or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, explain: | | | | | | | |
| 7. *Does this firm rely on any other firm for management functions or employee payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, explain: | | | | | | | |
| 8. *Specify the annual gross receipts of the firm for the last 3 complete fiscal years: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:50%;">Year _____</td> <td>Total receipts \$ _____</td> </tr> <tr> <td>Year _____</td> <td>Total receipts \$ _____</td> </tr> <tr> <td>Year _____</td> <td>Total receipts \$ _____</td> </tr> </table> | | Year _____ | Total receipts \$ _____ | Year _____ | Total receipts \$ _____ | Year _____ | Total receipts \$ _____ |
| Year _____ | Total receipts \$ _____ | | | | | | |
| Year _____ | Total receipts \$ _____ | | | | | | |
| Year _____ | Total receipts \$ _____ | | | | | | |
| 9. *Type(s) of work <i>(NAICS code will be assigned based on type of work description. Provide as much description as possible.)</i> a. Type of work description: b. Type of work description: c. Type of work description: | | | | | | | |

*Indicates required field

SECTION 2: COMPANY OWNERS AND REPRESENTATIVES

Instructions:

- This application must include every individual with ownership in the firm, every individual who is an officer of the company or on the board of directors, and every employee with significant responsibilities as listed in section B.
 - One of the individuals entered must be designated as the company contact. The company contact will be the person to whom future correspondence will be addressed.
 - If necessary, copy the pages of this application to enter information for additional individuals.
- ⇒ At the top of each page is a place for the owner or representative's name. This is critical if your application has more than one individual—it will allow you to keep track of which owner or representative the information pertains to.

A. General Information (Company Owner or Representative)

| | | |
|---|--|----------------|
| 1. *Name (first, middle initial, last): | 2. *R ole : <input type="checkbox"/> Company Owner <input type="checkbox"/> Company Representative | 3. *Title: |
| 4. *Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | 5. *Ethnic group membership (check all that apply): <input type="checkbox"/> White Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (specify) _____ | |
| 6. *Salary: \$ _____ | | |
| 7. Phone #:(____) _____ - _____ ext _____ | | |
| 8. *Is this owner or representative the company contact? (One, and only one, owner or representative must be designated as the company contact.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 9. *Enable online account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter email address: _____ | | |

*Indicates required field

DBE Unified Certification Application

Name (first, middle initial, last):

Instructions:

- Owner information must be provided for every company owner, regardless of the percentage of ownership. If necessary, copy the pages of this application to add additional owners.

C. Personal Information (Company Owner)

| | | | | |
|---|---------------------------|--|--|-------------------------|
| 1. *Home address (street and number): | | City: | State: | Zip: |
| 2. *Home phone #: | 3. *Ownership percentage: | | 4. *Married status: <input type="checkbox"/> Married <input type="checkbox"/> Single | |
| 5. *U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 6. If No, legal permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 7. Familial relationship to other owners: | | | | |
| 8. Has any trust been created for the benefit of this disadvantaged owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: | | | | |
| 9. *Number of years as an owner? | | | | |
| 10. Please list all investments made to acquire current ownership stake in the company: | | | | |
| | Date | Ownership % | # of Shares | Share Class |
| *1. | | | | Investment |
| | | | | Cash \$ |
| | | | | Real Estate \$ |
| | | | | Equipment \$ |
| | | | | Other \$ |
| 2. | | | | Cash \$ |
| | | | | Real Estate \$ |
| | | | | Equipment \$ |
| | | | | Other \$ |
| 3. | | | | Cash \$ |
| | | | | Real Estate \$ |
| | | | | Equipment \$ |
| | | | | Other \$ |
| 11. Do any of your immediate family members own or manage another company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If Yes, then list (use additional space if needed): | | | | |
| | Name | Relationship | Company | Type of Business |
| | | | | Own or Manage? |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

*Indicates required field

DBE Unified Certification Application

Name (first, middle initial, last):

Instructions:

- Complete the following worksheets first, then use the information to complete the balance sheet at the end of the section.
- Complete all fields of an applicable worksheet. For example, if an owner has stocks, be sure to provide Security Name, Number of Shares, and Year-end Market Value per Share.
- If more than one owner is applying, supply the following information for each owner (*make copies of these pages if necessary*).

D. Personal Net Worth Worksheets (Required for all owners)

Enter year for which the following net worth worksheets apply:

Life Insurance Worksheet

| Insurance Company | Face Amount | Cash Surrender Value | Beneficiaries |
|-------------------|-------------|----------------------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Stocks and Bonds Worksheet

| Security Name | Number of Shares | Year-end Market Value per Share |
|---------------|------------------|---------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Unpaid Taxes Worksheet

| Type of Tax | Amount |
|-------------|--------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

DBE Unified Certification Application

Name (first, middle initial, last):

| Real Estate and Real Estate Mortgages Worksheet | | | | |
|---|----------------|----------------|---------------|-------------------------|
| Type of Property | Street Address | Date Purchased | Original Cost | Current Estimated Value |
| 1. | | | | |
| <p>Is there a mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, complete the mortgage holder information for each mortgage on the property.)</i></p> <p>Name of mortgage holder: _____ Mortgage balance: \$ _____</p> <p>Mortgage holder address: Street (No P.O. box): _____ City: _____ State: _____ Zip: _____</p> | | | | |
| | | | | |
| 2. | | | | |
| <p>Is there a mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, complete the mortgage holder information for each mortgage on the property.)</i></p> <p>Name of mortgage holder: _____ Mortgage balance: \$ _____</p> <p>Mortgage holder address: Street (No P.O. box): _____ City: _____ State: _____ Zip: _____</p> | | | | |
| | | | | |
| 3. | | | | |
| <p>Is there a mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, complete the mortgage holder information for each mortgage on the property.)</i></p> <p>Name of mortgage holder: _____ Mortgage balance: \$ _____</p> <p>Mortgage holder address: Street (No P.O. box): _____ City: _____ State: _____ Zip: _____</p> | | | | |

DBE Unified Certification Application

Name (first, middle initial, last):

Other Personal Property Worksheet

| Asset Name | Asset Type | Current Estimated Value |
|------------|------------|-------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Other Assets Worksheet

| Asset Name | Asset Type | Current Estimated Value |
|------------|------------|-------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Notes Payable Worksheet

| Noteholder Name | Noteholder Address | Original Balance | Current Balance | Payment Amount | Payment Frequency | Collateral Type |
|-----------------|--------------------|------------------|-----------------|----------------|-------------------|-----------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

Other Liabilities Worksheet

| Liability | Amount |
|-----------|--------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

DBE Unified Certification Application

Name (first, middle initial, last):

E. Personal Net Worth Statement (Required for all owners)

| Balance Sheet | | | |
|--------------------------------------|---------------------|--|---------------------|
| Assets | (Omit cents) | Liabilities | (Omit cents) |
| Cash on hand and in banks: | \$ | Accounts payable: | \$ |
| Savings accounts: | \$ | Notes payable to banks and others (worksheet): | \$ |
| IRA or other retirement accounts: | \$ | | |
| Accounts and notes receivable: | \$ | Installment account (other): | \$ |
| Life insurance (worksheet): | \$ | Loan on life insurance: | \$ |
| Stocks and bonds (worksheet): | \$ | Unpaid taxes (worksheet): | \$ |
| Real estate (worksheet): | \$ | Mortgages on real estate (worksheet): | \$ |
| Automobiles-estimated current value: | \$ | Installment account (auto): | \$ |
| Other personal property (worksheet): | \$ | | |
| Other assets (worksheet): | \$ | Other liabilities (worksheet): | \$ |
| Total assets: | \$ | Total liabilities: | \$ |
| (minus total liabilities) | (-\$) | | |
| Owner net worth: | \$ | Year: | |

ATTACHMENT A**REQUIREMENTS CONCERNING EEO & AFFIRMATIVE ACTION**

Cleveland Hopkins International Airport's Emerging Business Enterprise Development Office is eager to assist you in fully completing the requirements of this Notice and the Airport's Equal Employment Opportunity Program. If you have any questions, please call the Emerging Business Enterprise Development Office at 216-265-6000.

Please read carefully all of the information attached.

Proposers/Bidders are cautioned, however, that oral representations may not be relied upon. Such representations must be confirmed by specific writing issued by the Director of Port Control as an addendum or as a clarification of this solicitation document.

The Affirmative Action Plan for equal employment opportunity is the Cleveland Hopkins International Airport's (Airport) written commitment to undertake specifically planned action to ensure equality of opportunity in employment practices by firms contracting for goods and services with Airport.

As required by the Instruction, the following information must be submitted with your bid/proposal:

I. Form EEO-1 - Enclosure A-1

Equal Employment Data Forms showing the current utilization of minorities and women by job category within your organization.

II. Non-discrimination - Enclosure A-2

Affidavit assuring non-discrimination in employment practices.

III. Employment Practices - Enclosure A-3

All Proposers/Bidders and their first tier subcontractors or sub consultants proposing a contract hereunder in an amount of \$10,000 or more must complete Enclosure A-3. If the Proposer/Bidder/Qualifier or any of its first tier subcontractors or sub consultants employ more than 50 persons and will be entering into a contract hereunder in an amount of \$50,000 or more, then an Affirmative Action Plan for employment of minorities and women must be submitted when called for by Airport.

**IV. Requirements Concerning the Submission of an Affirmative Action Plan
Enclosure A-4**

If requested, provide an Affirmative Action Plan(s) in accordance with the guidelines set forth on Enclosure A-4.

V. Requirements on Prime and Sub-Contractors – Enclosure A-5

All Contractors and their subcontractors bidding on a contract must complete Enclosure A-5.

Joint Reporting
Committee

- Equal Employment
Opportunity
Commission

- Office of Federal
Contract
Compliance
Programs (Labor)

ENCLOSURE A-1
EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYER INFORMATION REPORT EEO - 1
FOR
THE CLEVELAND HOPKINS INTERNATIONAL
AIRPORT

Section A--TYPE OF REPORT

Refer to instructions for number and types of reports to be filed.

1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX)

- | | |
|---|--|
| <p>1. <input type="checkbox"/> Single Establishment Employer Report</p> | <p>Multi-establishment Employer</p> <p>2. <input type="checkbox"/> Consolidated Report (Required)</p> <p>3. <input type="checkbox"/> Headquarters Unit Report (Required)</p> <p>4. <input type="checkbox"/> Individual Establishment Report (submit one for each establishment with 50 or more employees).</p> <p>5. <input type="checkbox"/> Special Report</p> |
|---|--|

2. Total number of reports being filed by this Company (Answer on Consolidated Report only).

Section B--COMPANY IDENTIFICATION (To be answered by *all* employers)

OFFICE USE
ONLY

1. Parent Company

a. Name of parent company (owns or controls establishment in item 2) omit if same as label

a.

Name of Receiving Office

Address (Number and Street)

b.

City or Town

County

State

Zip Code

b. Employee Identification No.

OFFICE USE
ONLY

2. Establishment for which this report is filed (Omit if same as label)

a. Name of establishment

c.

Address (Number and street)

City or Town

County

State

Zip Code

d.

b. Employer Identification No.

Omit if same as label

e.

Section C--EMPLOYERS WHO ARE REQUIRED TO FILE (To be answered by *all* employers)

- ☐ Yes ☐ No 1. Does the entire company have at least 100 employees in the payroll period for which you are reporting?
- ☐ Yes ☐ No 2. Is your company affiliated through common ownership and/or centralized management with other entities in an enterprise with a total employment of 100 or more?
- ☐ Yes ☐ No 3. Does the company or any of its establishments (a) have 50 or more employees AND (b) is not exempt as provided by 41 CFR 60-1.5 AND either (1) is a prime government contractor or first tier subcontractor, and has a contract subcontract, or purchase order amounting to \$50,000 or more or (2) serves as a depository of Government funds in any amount or is a financial institution which is an issuing and paying agent for U S Savings Bonds and Savings Notes?

If the response to question C - 3 is yes, please enter your Dun and Bradstreet identification number (if you have one)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

- ☐ Yes ☐ No 4 Does the company receive financial assistance from the Small Business Administration (SBA)?

Section D - EMPLOYMENT DATA

Employment at this establishment - Report all permanent full time or part-time employees including apprentices and on-the job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

| JOB CATEGORIES | NUMBER OF EMPLOYEES | | | | | | | | | | |
|---|--|---|---|----------|---------------------------------|--|---|---|----------|---------------------------------|--|
| | Overall Totals Sum Of Col B Thru K | Male | | | | | Female | | | | |
| | | White (Not of Hispanic Origin) | Black (Not of Hispanic Origin) | Hispanic | Asian or Pacific Islander | American Indian or Alaskan Native | White (Not of Hispanic Origin) | Black (Not of Hispanic Origin) | Hispanic | Asian or Pacific Islander | American Indian or Alaskan Native |
| Officials and Managers 1 | | | | | | | | | | | |
| Professionals 2 | | | | | | | | | | | |
| Technicians 3 | | | | | | | | | | | |
| Sales Workers 4 | | | | | | | | | | | |
| Office and Clerical 5 | | | | | | | | | | | |
| Craft Workers (Skilled) 6 | | | | | | | | | | | |
| Operatives (Semi Skilled) 7 | | | | | | | | | | | |
| Laborers (Unskilled) 8 | | | | | | | | | | | |
| Service Workers 9 | | | | | | | | | | | |
| TOTAL 10 | | | | | | | | | | | |
| Total employment reported in previous EE0-1 report 11 | | | | | | | | | | | |
| (The trainees below should also be included in the figures for the appropriate occupational categories above) | | | | | | | | | | | |
| Formal on-the-job trainees | White collar 12 | | | | | | | | | | |
| | Production 13 | | | | | | | | | | |

NOTE: Omit questions 1 and 2 on the Consolidated Report

1. Date(s) of payroll period used: 2. Does this establishment employ apprentices?
1. ☐ Yes 2. ☐ No

Section E--ESTABLISHMENT INFORMATION (Omit on the Consolidated Report)

| | | |
|---|---|-----------------|
| 1. Is this the location of the establishment the same as that reported last year? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No Report | 2. Is the major business activity at this establishment the same as that reported last year? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No Report | Office Use Only |
| 3. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity.) | | |

Section F--REMARKS

Use this item to give any identification data appearing on last report which differs from that given above explain major changes in composition or reporting units and other pertinent information

NOTE: The section below must be completed and signed by your company

Section G--CERTIFICATION (See Instructions G)

| | |
|---|--|
| Check one | 1 <input type="checkbox"/> All reports are accurate and were prepared in accordance with the instructions (check on consolidated only) |
| | 2 <input type="checkbox"/> This report is accurate and was prepared in accordance with the instructions |
| Name of Certifying Official | Title |
| Signature | |
| Date | |
| Name of person to contact regarding this report (Type or print) | |
| Address (Number and Street) | |
| Title | City and State |
| Zip Code | Telephone Area Code |
| Number | Extension |

All reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII
WILLFULLY FALSE STATEMENTS IN THIS REPORT ARE PUNISHABLE BY LAW, U S CODE TITLE 18, SECTION 1001

ENCLOSURE A-2
NONDISCRIMINATION AFFIDAVIT

STATE OF _____)
) SS
 COUNTY OF _____)

_____, being first duly sworn deposes and says:

1. That he/she is the _____ (President or other authorized official of Company, or Partnership, a Corporation or Partnership organized and existing under and by virtue of the laws of the State of _____ on whose behalf he/she makes this affidavit (hereinafter "Contractor").
2. That Contractor does not and will not discriminate in its employment practices because of race, religion, color, sex, national origin, handicapped persons or Vietnam-Era Veterans.
3. That Contractor further understands this contract, purchase order or agreement is subject to Executive Order 11246, as amended, and the Affirmative Action Policy of the Airport, and shall be subject to all rules and/or regulations issued pursuant thereto regarding nondiscrimination in federally-assisted programs of the United States Department of Transportation.
4. That Contractor agrees to be bound to the obligations imposed by said act, executive ordinance and policy.
5. That Contractor agrees that during the performance of any contract resulting from this bid/proposal:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or rates of pay or other forms of compensation; and selection for training, including apprenticeships. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Airport setting forth the provisions of this nondiscrimination clause.
 - b. The Contractor will, in all solicitations or advertisements for employees placed by or behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.
 - c. The Contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contact or understanding, a notice to be provided by the Airport advising the said labor union or worker's representative of the Contractor's commitments under this Section 202 of Executive Order 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
 - d. The Contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, as amended by Executive Order 11375, and with the rules, regulations, and relevant orders of the Secretary of Labor.
 - e. The Contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the Airport

and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

- f. In the event of the Contractor's noncompliance with the nondiscrimination clauses of this agreement or with such rules, regulations or orders, this agreement may be canceled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further government contracts of Federally assisted contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, as amended, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 25, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- g. The Contractor will include a citation to 41 CFR 60-1(b) and (c) and the provisions of Paragraphs (a) through (g) herein, in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965, as amended by Executive Order 11375, so that such provisions shall be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Secretary of Labor may direct as a means of enforcing such provisions, including sanctions for noncompliance, provided, however, that in the event a Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by Federal Aviation Administration, the Contractor may request the United States to enter into such litigation to protect the interests of the United States.

Company or Partnership

(President or other official title)

Subscribed and sworn to before me, this _____ day of _____, 20 ____.

Notary Public in and for the County of

State of _____.

My commission expires on the _____ day of _____, 20 ____.

(Seal)

(TO BE SUBMITTED WITH BID)

ENCLOSURE A-3
EMPLOYMENT PRACTICES
(FOR NON-CONSTRUCTION CONTRACTORS & SUBCONTRACTORS ONLY)

To Be Prepared By:

Non-construction Prime Contractors and first tier subcontractors or suppliers with a contract greater than \$10,000.

Name of Project: _____

Location of Workforce: _____

Prime Contractor: _____

Subcontractor: _____

In keeping with Airport policy of nondiscrimination in employment practices, the

_____ has set as a one year goal for the utilization of
 (Company Name)

minorities and females having requisite skills equal to be number and percentage

that is in relation to their presence in the labor market area used, which is _____ % for minorities and

_____ % for females. The _____, by its _____
 (Company Name) (Company Representative)

assures the Airport that good faith efforts will be used to achieve said goals. The good faith efforts proposed are described in the attached narrative. (If more than 50 employees and a contract of \$50,000 or more is contemplated, an Affirmative Action Plan per Enclosure A-4 is supplied in lieu of this narrative and is submitted when called for by the Airport.)

 Signature and Title of Company Official (Contractor)

 Date

 Signature and Title of Company Official (Subcontractor)

 Date

ENCLOSURE A-4

**REQUIREMENTS CONCERNING THE SUBMISSION OF AN
AFFIRMATIVE ACTION PLAN
(FOR NON-CONSTRUCTION CONTRACTORS)**

Where the non-construction prime contractor or subcontractor has 50 or more employees and is participating in contracts with the Airport which exceed \$50,000, an Affirmative Action Plan must be submitted to the Airport's Office of Emerging Business Enterprise Development.

At a minimum, in accordance with the RFQ/RFP/IFB the following information must be provided in your Affirmative Action Plan:

- I. Equal employment policy statement for the employment of minorities and women.
 - A. How and to whom was policy statement circulated?
 1. Internally (within your company)
 2. Externally (all sources used for recruitment).
 - B. Who is or will be responsible for the implementation of these policies?
- II. Goals and Timetables for hiring minorities and women for the next year, or duration of this contract, whichever is greater, including:
 - A. Total employees expected to be employed in each job category (use job categories shown on EEO-1 form).
 - B. Group employees (Blacks, Hispanics, women, etc.) in each job category.
 - C. Labor market availability group information - availability of minorities and women. With the exception of Construction Contractors, use this information to establish the goals required in Item "e" (contact State employment office to get this information).
 - D. Number of expected job opportunities. If not expected, goals as required in Item "e" must still be established to allow for unexpected hiring.
 - E. Goals number and percent of minorities and women to be reached.
 - F. If goals are not reached within the period specified, when called for you must justify the reasons for not meeting the goals by demonstrating the good faith efforts used to meet the goals.
- III. Development and Execution of Program
 - A. Method to be used for recruiting job applicants.
 1. Recruiting efforts should be directed towards schools, colleges, universities, newspapers, radio, state employment offices, churches, social and employment agencies and other sources appropriate for your needs, i.e., labor unions.
 2. These efforts when called for must be substantiated by written documentation.
 - B. Method used for evaluating program.

REQUIREMENTS CONCERNING PRIME AND SUB-CONTRACTORS

Project Name: _____

In accordance with Federal Regulations 49 CFR, Part 26.11, the Office of Emerging Business Enterprise Development is required to create and maintain a bidders list on all Prime and Sub-Contractors that seek to participate on Airport Federally assisted contracts. Please complete this information in its entirety.

PRIME CONTRACTOR

(This information must be provided on the Prime bidder on this Project)

Name of Firm: _____

Federal Tax ID No: _____ **(***must provide***)**

☐ Certified ACDBE ☐ Certified DBE ☐ Non-DBE

Mailing Address: _____

City/State/Zip Code: _____

Contact: _____ Phone No. _____ Fax No. _____

Date Business Established (Month, Day and Year): _____

Gross Sales in Dollars Last FY: ☐ Less than \$500,000 ☐ \$500,000 - \$1 million
 ☐ \$1 million - \$2 million ☐ \$2 million - \$5 million
 ☐ Over \$5 million

SUB-CONTRACTOR(S)

(This information must be provided for all sub-contractor(s) proposed to work on this Project)

Please attach additional papers if you need more space

| Name of Firm | Certified DBE/ACDBE | | Year Firm Established | Approximate Annual Gross Sales |
|--------------|---------------------|----|-----------------------|--------------------------------|
| | Yes | No | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I certify the above information contained in this document is true and accurate as of the stated date. I understand FALSE or misleading statements may disqualify the firm from participation on Airport Federally assisted contracts.

Title of Person Authorized to Sign

Signature

Date

ATTACHMENT B

DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) UTILIZATION

DEPARTMENT OF TRANSPORTATION POLICY

It is the policy of the Department of Transportation that socially and economically Disadvantaged Business Enterprise/Airport Concessions Disadvantaged Business Enterprise (DBE/ACDBEs), as defined at Title 49 Code of Federal Regulations, Part 23 and 26, shall have the maximum opportunity to participate in the performance of contracts financed in whole or in part with Federal funds. Consequently, the DBE/ACDBE requirements of 49 CFR, Part 23 and 26, shall apply to any agreement resulting from this procurement.

Participants in this procurement agree to ensure that DBE/ACDBEs, as defined at 49 CFR, Part 23 and 26, have the maximum opportunity to participate in the performance of contracts and subcontracts financed in whole or in part with federal funds. In this regard, the Proposers/Bidders/Qualifiers shall take all necessary and reasonable steps in accordance with 49 CFR, Part 23 and 26, and the Airport's DBE/ACDBE Program to ensure that DBE/ACDBEs have the maximum opportunity to compete for the performance of contracts. Neither the Proposers/Bidders/Qualifiers nor the selected contractor shall discriminate on the basis of race, color, national origin or sex in the performance of a resulting DOT-assisted contract.

I. OVERALL GOALS

The term ***"disadvantaged business"*** means a small business concern, which is at least 51 percent owned by one or more socially and economically disadvantaged persons or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by one or more socially and economically disadvantaged individuals and whose management and daily business operation are controlled by one or more of the socially and economically disadvantaged individuals who own it.

"Socially and economically disadvantaged individuals" means a citizen of the United States (or lawfully admitted permanent resident) who meets the criteria set forth in 49 C.F.R. Section 26.5. The Airport annually sets an overall DBE/ACDBE goal and triennially sets an DBE/ACDBE goal for work to be performed under Airport contracts, including construction activity procurement of common goods and services, personal service contracts, concessions and rental car contracts. While the expected percentage of certified DBE/ACDBE utilization may vary from contract to contract due to the availability of DBE/ACDBEs in any given line of work, the Airport believes that overall goals to be realistically obtainable over time with the assistance of the federal government, the business community, and DBE/ACDBE organizations.

In order to meet Federal requirements and to provide for maximum participation of certified DBE/ACDBEs, the Airport specifies a percentage of participation goals in contracts with subcontracting opportunities (the percentage may be zero).

II. CONTRACT GOALS

The Airport has specified a contract specific DBE/ACDBE goal for the work to be performed under this contract.

- A. When a DBE/ACDBE participates in a contract, you count only the value of the work actually performed by the DBE/ACDBE toward the DBE/ACDBE goals.
 1. Count the entire amount of that portion of a contract (or other contract not covered by Paragraph (A) (2) of this section) that is performed by DBE/ACDBEs own forces. Include the cost of supplies and materials obtained by the DBE/ACDBEs for the work of the contract, including supplies purchased or equipment leased by the DBE/ACDBEs (except supplies and equipment the DBE/ACDBEs subcontractor purchases or leases from the prime contractor or its affiliate).

2. Count the entire amount of fees or commissions charged by an DBE/ACDBE firm for providing a bona fide service, such as professional, technical, consultant, or managerial services, or for providing bonds or insurance specifically required for the performance of a DOT-assisted contract, toward DBE/ACDBE goals, provided you determine the fee to be reasonable and not excessive as compared with fees customarily allowed for similar services.
3. When a DBE/ACDBE subcontracts part of the work of its contract to another firm, the value of the subcontracted work may be counted toward DBE/ACDBE goals only if the DBE/ACDBE subcontractor is itself a DBE/ACDBE. Work that a DBE/ACDBE subcontracts to a non-DBE/ACDBE firm does not count toward DBE/ACDBE goals.
 - a) When a DBE/ACDBE performs as a participant in a joint venture, count a portion of the total dollar value of the contract equal to the distinct, clearly defined portion of the work of the contract that the DBE/ACDBE performs with its own forces toward DBE/ACDBE goals.
 - b) Count expenditures to a DBE/ACDBE contractor toward DBE/ACDBE goals only if the DBE/ACDBE is performing a commercially useful function on that contract.
4. A DBE/ACDBE performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved. To perform a commercially useful function, the DBE/ACDBE must also be responsible, with respect to materials and supplies used on the contract, for negotiating price, determining quality and quantity, ordering the material, and installing (when applicable) and paying for the material itself. To determine whether a DBE/ACDBE is performing a commercially useful function, you must evaluate the amount of work subcontracted, industry practices, whether the amount the firm is to be paid under the contract is commensurate with the work it is actually performing and the DBE/ACDBE credit claimed for its performance of the work, and of the relevant factors DBE/ACDBE does not perform a commercially if its role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to:

DISADVANTAGED BUSINESS ENTERPRISE (DBE) FIRMS ONLY

- a) To be a regular dealer, the firm must be an established, regular business that engages, as its principal business and under its own name, in the purchase and sale or lease of the products in question.
- b) A person may be a regular dealer in such bulk items as petroleum products, steel, cement, gravel, stone, or asphalt without owning, operating, or maintaining a place of business; if the person both owns and operates distribution equipment for long-term lease agreement and not on an ad hoc or contract by contract basis.
- c) Packagers, brokers, manufacturers', representatives, or other persons who arrange or expedite transactions are not regular dealers within the meaning of this paragraph.
- d) With respect to materials or supplies purchased from a DBE which is neither a manufacturer nor a regular dealer, count the entire amount of fees or commissions charged for the delivery of materials or supplies required on a job site, toward DBE goals, provided you determine the fees to be reasonable and not excessive as compared with fees customarily allowed for similar services. Do not count any portion of the cost of the materials and supplies themselves toward DBE goals.

Sixty percent of the total dollar value will be counted in the case of a DBE/ACDBE supplier that is not a manufacturer, provided that the DBE/ACDBE supplier performs a commercially useful function in the supply process to include brokers etc in accordance with 49 CFR 26.55 Paragraph 2b.

AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (ACDBE) PARTICIPATION ONLY

ACDBE firms can only be counted if they are performing a commercially useful function as outlined above. Count revenues generated to an ACDBE concessionaire only if the ACDBE is performing a commercially useful function on that contract.

DBE/ACDBE MANUFACTURER/REAL DEALER PARTICIPATION

The entire amount of fees or commissions charged by an ACDBE firm for a bona fide service will be counted provided that the fees are determined to be reasonable and not excessive as compared with fees customarily allowed for similar services. Such services may include, but are not limited to, professional, technical, consultant, legal, security systems, advertising, building cleaning and maintenance, computer programming, or managerial.

One hundred percent (100%) of the cost of goods obtained from a DBE/ACDBE manufacturer will be counted. The term manufacturer has the same meaning as in Part 26, Section 26.55(e) (1) (ii). One hundred percent (100%) of the cost of goods purchased or leased from a DBE/ACDBE regular dealer will be counted. The term "regular dealer" has the same meaning as in Part 26, Section 26.55(e) (2) (ii). Credit will be counted toward DBE/ACDBE goals for goods purchased from a DBE/ACDBE which is neither a manufacturer nor a regular dealer as follows:

Count the entire amount of fees or commissions charged for assistance in the procurement of the goods, provided that this amount is reasonable and not excessive as compared with fees customarily allowed for similar services. Do not count any portion of the cost of the goods themselves.

Count the entire amount of fees or transportation charges for the delivery of goods required for a concession, provided that this amount is reasonable and not excessive as compared with fees customarily allowed for similar services. Do not count any portion of the cost of goods themselves.

If a firm has not been certified as a DBE/ACDBE in accordance with the standards in this part, do not count the firm's participation toward DBE/ACDBE goals.

III. BIDDING REQUIREMENTS, TERMS AND CONDITIONS

- A. In addition to any other requirements contained in this Invitation to Bid or Request for Proposal or Qualifications, the following DBE/ACDBE Program requirements must be satisfied, bid/proposals must include a representation that:

1. The Proposer/Bidder/Qualifier has met the goal established by the Airport for this procurement, or
2. The Proposer/Bidder/Qualifier has made a good faith effort to attain the level of DBE/ACDBE participation sought by the Airport for this procurement

Each Proposer/Bidder/Qualifier must include a statement in **Attachment B-1** (Declaration of Proposed DBE/ACDBE Utilization) of the level of DBE/ACDBE participation attained through such effort. This submittal is regarded as a matter of bid responsiveness. Failure to make these submittals will serve to disqualify the bid as non-responsive to this Invitation to Bid.

- B. Each Proposer/Bidder/Qualifier should also prepare a complete DBE/ACDBE Participation Plan that sets forth the extent of DBE/ACDBE involvement in this procurement, these materials are to be provided upon request, and will be considered in determining Proposer/Bidder/Qualifier responsibility.
- C. DBE/ACDBE participation plans shall include the following minimum information:
1. DBE/ACDBE Participation Schedule, (**Attachment B-3**) which includes:

- a) Names, addresses and contact persons of the DBE/ACDBE entities that will participate in the contract;
- b) A description of the work each named DBE/ACDBE will perform;
- c) The dollar amount (projected revenue) of the participation of each named DBE/ACDBE
- d) Federal Tax Identification Number

All proposed certified DBE/ACDBE firms must complete **Attachment B-2** (DBE/ACDBE AFFIDAVIT) and **Attachment B-4A** (Letter of Intent-Certified DBE/ACDBE), and copies of sub agreements must be submitted for each DBE/ACDBE firm whose participation is proposed for the performance of this contract as a subcontractor/consultant or joint venture.

- 2. If the DBE/ACDBE goal is not met, the Proposer/Bidder/Qualifier must document in **Attachment B-5** (Good Faith Efforts Guidelines) the good faith efforts it made to include DBE/ACDBE participation in the contract. The documentation of the effort is discussed in greater in paragraph (E) of this Section.
- 3. Non-Certified DBE/ACDBE and SBE Participation Schedule (**Attachment B-6**), which includes:
 - e) Names, addresses and contact persons of the non DBE/ACDBE and SBE entities that will participate in the contract;
 - f) A description of the work each named non DBE/ACDBE and SBE will perform;
 - g) The dollar amount (projected revenue) of the participation of each named non DBE/ACDBE and SBE
 - h) Federal Tax Identification Number

(For **SBE qualifications**, refer to the *Small Business Certification Verification Process* attached to this Guidelines)

All proposed **non-certified** DBE/ACDBE and SBE must complete **Attachment B-4B** (Letter of Intent-Non-Certified DBE/ACDBE and SBE) and copies of sub agreements must be submitted for each non-certified DBE/ACDBE and SBE firm whose participation is proposed for the performance of this contract as a sub-contractor/consultant or joint venture.

- 4. Second/Third Tier Sub-contractor/consultant Participation Schedule (**Attachment B-8**), which includes:
 - i) Name of 2nd/3rd tier sub-contractor/consultant
 - j) First tier sub-contractor/consultant with agreement with the 2nd/3rd tier sub;
 - k) Identification whether 2nd/3rd tier is certified or non-certified DBE/ACDBE
 - l) Federal Tax Identification Number
 - m) Address and contact person
 - n) Description of the work each named for each 2nd/3rd tier sub-contractor/consultant will perform;
 - o) The dollar amount (projected revenue) of the participation of each named DBE/ACDBE

All sub agreements must be submitted for each of the 2nd/3rd tier subcontractor/consultant whose participation is proposed for the performance of this contract as a 2nd/3rd sub-contractor/consultant.

- 5. Request for **emergency** addition-conditional approval to utilize a subcontractor/consultant can be submitted by completing **Attachment B-9** (Emergency Addition-Conditional Approval of Subcontractor/consultant). The Contractor shall make assurances that all subcontractors listed in Attachment B-9 who are utilized towards the fulfillment of a DBE/ACDBE goal will be performing a commercially useful function as outlined in 49 CFR PART 26 and 23. If it is discovered that the DBE/ACDBE is not performing or has not performed a commercially useful function, the Prime Contractor will immediately notify the EBED Office of its findings. **THE APPROVAL OF THIS FORM IS CONDITIONAL.** FINAL APPROVAL WILL NOT BE GRANTED until all EBED A & B FORMS are completed & contractual agreements are signed and provided to the EBED OFFICE WITH

IN 5 DAYS OF SIGNATURE. This addition MUST BE APPROVED BY THE AIRPORT DIRECTOR AND CITY OF CLEVELAND BOARD OF CONTROL. If this contract is subject to STATE OF OHIO PREVAILING WAGE OR FEDERAL DAVIS BACON (WAGE & HOUR) requirements the Contractor and sub-contractor are required to follow all contractual obligations related to Wage & Hour on all Department of Port Control/City of Cleveland contracts. If the wage & hour information is not submitted, payment to the Contractor can be stopped or the project can be stopped entirely. All other provisions regarding additions of sub-contractors/consultants must be followed and applied herein.

6. The following standards shall be applied in assessing the responsibility of the DBE/ACDBE plan submitted:

- a) Whether the participation plan contains capable currently certified DBE/ACDBE firms.
- b) Whether the firms listed in the plan are performing a commercially useful function
- c) Whether the listed firms are sharing monetary benefit in proportion to their share of the work of the project.
- d) Whether the plan exhibits a likelihood of goal attainment.
- e) Whether the prime/sub relationships are firm, i.e., whether conditional subcontractors have been entered.

D. The contractor must receive the approval of the Airport's Emerging Business Enterprise Development Office **before** termination, addition and or making substitution for any subcontractors listed in its DBE/ACDBE and Non-DBE/ACDBE and SBE plans.

Airport certified DBE/ACDBE entities are eligible for inclusion in a plan. Consult the DBE/ACDBE Directory at www.ohioucp.org. Also, the Airport Office of Emerging Business Enterprise Development is available for assistance in ascertaining certification status of DBE/ACDBEs. Applications for certification may be obtained at www.ohioucp.org. All applications must be made through the Ohio Unified Certification Program (UCP) Application. **For all bids, firms seeking to be counted toward participation at the time of contract award must be certified prior to the bid/proposal submission date. For all proposals and statements of qualifications, all firms to be counted toward participation at the time of the contract award must be certified by the time of final contract negotiations.**

- 1) The Airport will attempt to certify proposed DBE/ACDBE entities prior to bid; however it will not consider certification not completed prior to submittal of bids.
- 2) DBE/ACDBEs seeking to perform on RFP/Q's must complete the B forms at the time of proposal/qualification submission. **All B forms for RFP/Q's must be finalized and ALL DBE/ACDBEs MUST BE CERTIFIED BY FINAL NEGOTIATIONS.**
- 3) Proposer/Bidder/Qualifier should not rely upon the approval of the certification applications submitted for this bid/proposal by its proposed DBE/ACDBEs due to the time it takes to review and approve an application.
- 4) However, substitution of DBE/ACDBE entities appearing in a plan may be permitted where the Disadvantaged Business Enterprise Liaison Officer (DBELO) determines that such substitution will not result in an abuse of the DBE/ACDBE Program. The burden of demonstrating the propriety of such substitution lies with the Proposer/Bidder/Qualifier seeking such substitution. Denial of certification is final for the pending contract. Any person denied certification may appeal such decision in accordance with the provisions of 49 CFR, Part 26 Section 28.89, which is reproduced as part of the Joint Certification Application.

E. The Proposer's/Bidder's/Qualifier's commitment to a specific goal for DBE/ACDBE utilization as detailed in its DBE/ACDBE Plan shall constitute a presumption that good faith efforts to meet the DBE/ACDBE goal by subcontracting to or undertaking to joint venture with DBE/ACDBE firms have been made. If the Proposer/Bidder/Qualifier fails to meet the goal, it will carry the burden of furnishing sufficient documentation, demonstrating its good faith efforts, by utilization.

The standard by which the Airport will determine whether the efforts made by a Proposer/Bidder/Qualifier were good faith efforts is whether such efforts could be reasonably be expected to produce sufficient DBE/ACDBE participation to meet the goals set for this procurement in reaching this decision, the Airport may consider all efforts advanced by the Proposer/Bidder/Qualifier as well as the following:

1. Did the contractor attend any scheduled pre-solicitation or pre-bid meetings to inform DBE/ACDBEs of contracting and subcontracting opportunities?
 2. Did the contractor advertise in general circulation, trade association and minority-focus media concerning the subcontracting opportunities?
 3. Did the contractor provide written notice to a reasonable number of specific DBE/ACDBE that their interest in the contract was being solicited, in sufficient time to allow the DBE/ACDBEs to participate effectively?
 4. Did the contractor/supplier follow up with the DBE/ACDBE firms interested in participating?
 5. Did the contractor/supplier select portions of work to be done by DBE/ACDBEs (including dividing contracts into economically feasible units to facilitate participation)?
 6. Did the contractor provide adequate information about plans, specifications, and/or contracting requirements?
 7. Did the contractor negotiate in good faith with interested DBE/ACDBEs, not rejecting DBE/ACDBEs as unqualified without sound reasons?
 8. Did the contractor make efforts to provide assistance to obtain bonding, lines of credit, or insurance?
 9. Did the contractor effectively use the services of available minority and female organizations, contractors' groups, state and local offices, etc., that have knowledge of available DBE/ACDBE firms or the names or organizations to locate such firms?
- F. In the event a contract is awarded as a result of this procurement, the DBE/ACDBE Participation Plan submitted by the successful Proposer/Bidder/Qualifier and the terms, conditions and requirements contained in this notice shall become an integral part of the contract, binding said Proposer/Bidder/Qualifier to full and faithful performance in accordance with said plan.
- G. Any award resulting from the procurement shall be and is conditioned upon the attainment of the aforesaid goals or the satisfactory showing of good faith efforts to attain said goals.
- H. All successful Proposers/Bidders/Qualifiers must submit all the required documents to project managers prior to EBED final written approval to proceed (i.e. fully executed contract, that includes Purchase Order, Certification Request, Signature page of the contract between successful Proposers/Bidders/Qualifiers with the City of Cleveland, City Ordinance, Board Control Resolution (*all proposed DBE/ACDBEs, Non DBE/ACDBEs and SBEs should be listed*), all Sub-contractual/consultant Agreements, Post Project Summary and Project Contract Summary). Affirmative Action and/or EEO-1 forms are to be submitted to the EBED Office bi-annually.
- I. During the performance of any resulting contract and for a period of up to three (3) years following completion of the contract work, the Airport may initiate reviews for compliance with the requirements of the Airport's DBE/ACDBE/SBE Program and the successful Proposer's/Bidder's/Qualifier's (hereinafter "*Contractor*") DBE/ACDBE Participation Plan; such reviews will require the submissions of a payment or revenue reports (**Enclosure B-7A** Monthly Payment Compliance Report) and weekly Prevailing Wage reports to the EBED Office or project manager and/or review of monthly statements, invoices, canceled checks, desk audits and/or onsite reviews. Where a Contractor is found by the Airport to have failed to comply with the requirements of the DBE/ACDBE Program or the Contractor's DBE/ACDBE Participation Plan, the Contractor will be required to take corrective action. If corrective action is not promptly taken by the offending Contractor, the following sanctions may be imposed (singly, in any combination and in addition to any other remedies provided by law or equity):

1. The Airport may withhold all further payments under the contract.
2. The Contractor may be ordered to stop work
3. The contract may be terminated for breach.
4. Suspension or debarment proceedings may be commenced in accordance with 49 CFR, Part 29.
5. The Director of Purchasing and Supplies may find the defaulting contractor non-responsible in respect to other solicitations for a stated period of time.
6. The relevant performance bond(s) may be enforced.
7. The contract payments may be reduced by an amount equal to that designated in the DBE/ACDBE plan for DBE/ACDBE participation.

Reviews for non-federally funded projects (i.e. construction project, professional services projects, requirement projects) will require the submissions of a payment or revenue reports (**Enclosure B-7B** Monthly Payment Compliance Report) and weekly Prevailing Wage reports to the EBED Office or project manager.

- J. Upon completion of the project (or portion of the project for partial releases of retainage) or completion of any subcontractor/subconsultant/subconcessionaire portion of the project, and upon receipt of all required documentation and deliverables, the Airport will approve release of retainage or portions thereof directly to the Contractor/Consultant. The Contractor/Consultant shall release retainage due to each subcontractor/sub consultant or material supplier within ten (10) days following Owner's payment to the Contractor/Consultant for work completed or material supplied.
- K. Agreements between a supplier/contractor and DBE/ACDBE in which the latter promises not to provide subcontracting quotations to other suppliers/contractors are prohibited.
- L. The Contractor will keep records and documents for three (3) years following performance of this contract to indicate compliance with this notice. Such records and, or copies thereof, will be made available at reasonable times and places for inspection by any authorized representative of the Airport and will be submitted to Airport upon request with any other compliance information which such representative may require.
- M. If at any time, the Department of Transportation or the Airport has reason to believe that any person or firm has willfully or knowingly provided incorrect information or made a false statement, it may refer the matter to the General Counsel of the Department of Transportation. They may initiate debarment proceedings in accordance with 41 CFR 1-1.604 and 12-1.602 and/or refer the matter to the Department of Justice under 18 U.S.C. 1001, as they deem appropriate.
- N. Proposers and Contractors agree to be bound by all the requirements, terms and conditions of this notice.
- O. Nothing in this notice shall be interpreted to diminish the present contract compliance review.

ENCLOSURE B-1**DECLARATION OF PROPOSED DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT
CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) UTILIZATION**

*THIS PAGE MUST BE COMPLETED BY PRIME PROPOSER /BIDDER/QUALIFIER TO INDICATE THE AMOUNT (PERCENTAGE)
OF DBE/ACDBE PARTICIPATION.*

The undersigned, as a representative of the entity, _____, is submitting a bid/proposal for the _____ project, hereby acknowledges that the DBE/ACDBE goal established for this project is _____ %.

Note: Proposer/Bidder/Qualifier shall make one of the two certifications noted below:

1. ☐ The Proposer/Bidder/Qualifier further represents that the proposed level of DBE/ACDBE participation as set forth in the enclosed Schedule of DBE/ACDBE participation for this project is _____ % and represents attainment of the DBE/ACDBE participation goal Letters of Intent confirming the proposed participation of the DBE/ACDBEs set forth on the Schedule of DBE/ACDBE Participation are attached.
2. ☐ The Proposer/Bidder/Qualifier further represents that the proposed level of DBE/ACDBE participation as set forth in the enclosed Schedule of DBE/ACDBE participation for this project is _____ %. However, this level of DBE/ACDBE participation is less than the goal established for this project. The Proposer/Bidder/Qualifier has attached:
 - a. the Schedule of DBE/ACDBE participation showing the level of DBE/ACDBE participation the Proposer/Bidder/Qualifier has been able to obtain, supplemented with Letters of Intent confirming the proposed participation of the DBE/ACDBEs set forth on the Schedule of DBE/ACDBE Participation; and,
 - b. documentation of the Proposer's/Bidder's/Qualifier's good faith efforts to achieve the goal established for this project. This documentation shall include Certificates of DBE/ACDBE Unavailability for each contacted by the prime Proposer/Bidder/Qualifier which will not be participating in performance of the contract). The documentation of the efforts is discussed in greater detail in the Good Faith Efforts section.

 Date

 Representative of
Proposer/Bidder/Qualifier

 Title

(TO BE SUBMITTED WITH BID/PROPOSAL)

ENCLOSURE B-2
DBE/ACDBE AFFIDAVIT

**THIS PAGE IS TO BE COMPLETED BY ALL DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT
CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) PROPOSED TO PARTICIPATE
ON THIS PROJECT.**

I hereby declare and affirm that I am (company representative) _____ and
duly authorized representative of the _____
_____ (name of corporation or joint venture) whose
address is _____
_____.

I HEREBY DECLARE AND AFFIRM THAT I AM A DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT
CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) AS DEFINED BY 49 CFR
Part(s) 23 or 26. I WILL PROVIDE INFORMATION AND/OR THE CERTIFICATION TO DOCUMENT THIS
FACT **(attach copy of certification).**

I DO SOLEMNLY SWEAR OR DECLARE AND AFFIRM THAT THE CONTENTS OF THE FOREGOING
STATEMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE
FIRM, TO MAKE THIS AFFIDAVIT.

(Affiant)

(Date)

State of _____)

City and County of _____)

On this _____ day of _____, _____, before me, the undersigned
officer personally appeared.

_____, known to me to be the person described in the
abovementioned Affidavit, and acknowledged that he/she executed the same in the capacity therein
stated and for the purposes therein contained.

In witness thereof, I hereunto set my hand and official seal.

My Commission Expires: _____

(Notary Public)

(SEAL)

ENCLOSURE B-3

**CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE
(DBE/ACDBE) PARTICIPATION PLAN**

| | | |
|--------------------------|---------------------------|--|
| Name of Prime Contractor | | |
| Name of Project | | |
| Project/Contract No | Total Bid/Proposal Amount | |

All firms must provide FEDERAL TAX ID NUMBER and must complete and sign a B-4A form*****

| Name of CERTIFIED DBE/ACDBE | Federal Tax ID (must provide) | Address | Contact Person | Scope of Work | Percent Participation | Dollar Value of Work |
|-----------------------------|-------------------------------|---------|----------------|---------------|-----------------------|----------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| Total DBE/ACDBE Dollars (%) | | | | | | |

The undersigned will enter into formal agreement with the certified DBE/ACDBEs listed above for work in this schedule conditioned upon the award of a contract by the Cleveland Airport System.

Signature of Prime Contractor Representative _____ Phone Number _____ Date _____

ENCLOSURE B-4A**LETTER OF INTENT TO PERFORM AS A CERTIFIED DBE/ACDBE SUB-CONTRACTOR/CONSULTANT**

This form is to be completed by Prime Contractors and Consultants and ALL certified DBE and ACDBE Sub-contractors and Sub-consultants.

Project Name: _____

Location: _____

TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT

Prime Contractor/Consultant: _____
(FEDERAL TAX ID – MUST PROVIDE _____)

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as (*strike out conditions that do not apply*) an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

TO BE COMPLETED BY CERTIFIED SUB-CONTRACTORS/CONSULTANTS

DBE/ACDBE Subcontractors/consultants: _____

The firm I represent is a Disadvantaged Business Enterprise/Airport Concession Disadvantaged Business Enterprise which is currently certified by the Ohio Unified Certification Program as DBE/ACDBE with a certification date of _____. My firm is certified to perform work in the following areas: (*Please provide a description of ALL work along with the NAICS Code for which your firm is certified*):

The undersigned is prepared to perform the following described work in connection with the above project: (*Specify in appropriate detail particular work items or parts to be performed along with NACIS Code for this project only. Also, please provide associated pricing with work outlined*)

| | <u>Type of Work and Items</u> | <u>Price Associated</u> |
|----|-------------------------------|-------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows (*Do not leave the chart below blank. Information is to be provided for ALL procurements with the exception of RFQ's (task order) and concessions (ACDBE) projects.*

If the chart below has not been completed the form will be considered **INCOMPLETE** and will be returned and potentially delay the procurement process):

| <u>Type of Work and Items</u> | <u>Work Hours Involved</u> | <u>Projected Commencement Date</u> | <u>Projected Completion Date</u> |
|-------------------------------|----------------------------|------------------------------------|----------------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |

REPRESENTATION TO UTILIZE 2ND/3RD TIER SUB-CONTRACTOR/CONSULTANTS

I further represent that _____ percent (____ %) of the dollar value of my subcontract will be performed by 2nd____/3rd____ tier contractors and/or suppliers, which are: _____certified/_____not certified by the Disadvantaged Business Enterprise/Airport as an Airport Concession Disadvantaged Business Enterprise. (Please provide 2nd/3rd tier sub information on form B-7).

NOTE: **All** sub-contractor/consultant agreements with certified and or non-certified sub-contractors and sub-consultants must be provided to the Airport prior to issuance of the DBE/ACDBE Notice to Proceed (NTP). Delay in receipt of this information can directly impact the project timeline.

TO BE COMPLETED BY CERTIFIED SUB-CONTRACTOR/CONSULTANTS

The undersigned DBE/ACDBE will enter into a formal agreement for the above work with _____ (Prime contractor/consultant) conditioned upon your execution of a contract with the Airport.

Respectfully submitted, this

_____ Day _____, 20____

(Certified DBE or ACDBE Firm Name)

(Address)

(Signature)

(Name Typed)

(Title)

(SEAL IF PROPOSER IS A CORPORATION)

ENCLOSURE B-4B**LETTER OF INTENT TO PERFORM AS A NON-CERTIFIED DBE/ACDBE and SBE SUBCONTRACTOR/SUBCONSULTANT**

This form is to be completed by Prime Contractors and Consultants and ALL NON-CERTIFIED DBE, ACDBE and SBE Subcontractors and Sub-consultants.

Project Name: _____

Location: _____

TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT

Prime Contractor/Consultant: _____

(Federal Tax ID Number – MUST PROVIDE _____)

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as *(strike out conditions that do not apply)* an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

TO BE COMPLETED BY NON-CERTIFIED SUB-CONTRACTORS/CONSULTANTS

Sub-Contractor/Consultant: _____

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as *(strike out conditions that do not apply)* an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows (Do not leave the chart below blank. Information is to be provided for ALL procurements with the exception of RFQ's (task order) and concessions (revenue generating)

projects. If the chart below has not been completed the form will be considered **INCOMPLETE** and will be returned and potentially delay the procurement process):

| <u>Type of Work and Items</u> | <u>Work Hours Involved</u> | <u>Projected Commencement Date</u> | <u>Projected Completion Date</u> |
|-------------------------------|----------------------------|------------------------------------|----------------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |

REPRESENTATION TO UTILIZE 2ND/3RD TIER SUB-CONTRACTOR/CONSULTANTS

I further represent that _____ percent (___ %) of the dollar value of my subcontract will be performed by 2nd____/3rd____ tier subcontractors and/or suppliers, which are: ___ certified / ___ not certified by the Airport as an Airport Concession/Disadvantaged Business Enterprise. (Please provide 2nd/3rd tier sub information on form B-7).

NOTE: All sub-contractor/consultant agreements with certified and non-certified sub-contractors/consultants must be provided to the Airport prior to issuance of the DBE/ACDBE Notice to Proceed (NTP). Delay in receipt of this information can directly impact the project timeline.

TO BE COMPLETED BY NON-CERTIFIED SUB-CONTRACTOR/CONSULTANTS

The undersigned sub-contractor/consultant will enter into a formal agreement for the above work with _____ (prime contractor/consultant) conditioned upon the execution of a contract with the Airport.

Respectfully submitted, this

_____ Day _____, 20____

(NON-CERTIFIED DBE/ACDBE Firm Name)

(Address)

(Signature)

(Name Typed)

(Title)

(SEAL IF PROPOSER IS A CORPORATION)

ENCLOSURE B-5

GOOD FAITH EFFORTS GUIDELINES

Instructions: In the event a competitor is unable to commit to full attainment of an established DBE/ACDBE contract specific goal, a good faith efforts evaluation must be conducted by the Airport. All competitors must provide documentation demonstrating all of the steps outlined below were taken in attempting to obtain DBE/ACDBE participation. **ALL GOOD FAITH EFFORT DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF BID/PROPOSAL/QUALIFICATION.** With the exception of the RFQ process, the Airport is not allowed to contact potential contractors/consultants prior to selection of the successful bidder/proposer regarding information submitted. If good faith efforts are not submitted at the time of bid/proposal the bidder/proposer will be deemed **NON-COMPLIANT**.

1. Whether the contractor attended any pre-solicitation or pre-bid meetings that were scheduled by the recipient to inform DBE/ACDBEs of contracting and subcontracting opportunities;
2. Whether the contractor advertised in general circulation, trade association, and minority-focus media concerning the subcontracting opportunities;
3. Whether the contractor provided written notice to a reasonable number of specific DBE/ACDBEs, that their interest in the contract was being solicited in sufficient time to allow the DBE/ACDBEs to participate effectively;
4. Whether the contractor followed up initial solicitations of interest by contacting DBE/ACDBEs to determine with certainty whether the DBE/ACDBEs were interested;
5. Whether the contractor selected portions of the work to be performed by DBE/ACDBEs in order to increase the likelihood of meeting the DBE/ACDBE goals (including, where appropriate, breaking down contracts into economically feasible units to facilitate DBE/ACDBE participation);
6. Whether the contractor provided interested DBE/ACDBEs with adequate information about the plans, specifications and requirements of the contract;
7. Whether the contractor negotiated in good faith with interested DBE/ACDBEs, not rejecting DBE/ACDBEs as unqualified without sound reasons based on a thorough investigation of their capabilities.
8. Whether the contractor made efforts to assist interested DBE/ACDBEs in obtaining bonding, lines of credit, or insurance required by the recipient or contractor; and
9. Whether the contractor effectively used the services of available minority community organizations; disadvantaged contractors' groups; local, state and Federal disadvantaged business assistance offices; and other organizations that provide assistance in the recruitment and placement of DBE/ACDBEs.

***PLEASE ATTACH ALL SUPPORTING DOCUMENTATION OF THE GOOD FAITH EFFORTS TO THE BID/PROPOSAL/QUALIFICATIONS. COMPETITORS WILL BE DETERMINED NON-COMPLIANT WITHOUT THE APPROPRIATE SUPPORTING GOOD FAITH EFFORTS DOCUMENTATION.**

(PAGE INTENTIONALLY LEFT BLANK)

NORTHERN IRELAND FAIR EMPLOYMENT PRACTICES DISCLOSURE

INSTRUCTIONS: Pursuant to Codified Ordinance Sec. 181.36, the information requested on this page must be supplied by all contractors and any subcontractors having more than a fifty percent (50%) interest in the proposed contract prior to any contract being awarded by the City of Cleveland. Any contractor or subcontractor who is deemed to have made a false statement shall be declared to have acted in default of its contract and shall be subject to the remedies for default contained in its contract. For failure to cure such a default, the contractor or subcontractor shall be automatically excluded from bidding for the supply of any goods or services for use by the City for a period of two (2) years.

CHECK, WHICHEVER IS APPLICABLE:

A. () The undersigned or any controlling shareholder,* subsidiary, or parent corporation of the undersigned is **NOT ENGAGED IN ANY BUSINESS OR TRADING FOR PROFIT IN NORTHERN IRELAND.** (If paragraph A. is checked, proceed to the signature line.)

B. () The undersigned or any controlling shareholder,* subsidiary, or parent corporation **IS ENGAGED IN ANY BUSINESS OR TRADING FOR PROFIT IN NORTHERN IRELAND.** (If paragraph B is checked, please either check the stipulation contained in paragraph C or attach documentation that shows that the undersigned has complied with the stipulation contained in paragraph C.)

C. () The undersigned and all enterprises identified in paragraph B. are **TAKING LAWFUL AND GOOD FAITH STEPS TO ENGAGE IN FAIR EMPLOYMENT PRACTICES WHICH ARE RELEVANT TO THE STANDARDS EMBODIED IN THE "MacBRIDE PRINCIPLES FOR FAIR EMPLOYMENT IN NORTHERN IRELAND."** A copy of the MacBride Principles can be obtained from the office of the Commissioner of Purchases and Supplies. In lieu of checking this paragraph, the undersigned must attach documentation which the undersigned believes shows compliance with the stipulation contained in this paragraph C.

Name of Contractor or Subcontractor

By: _____

Title: _____

* "Controlling shareholder" means any shareholder owning more than fifty percent (50%) of the stock in the corporation or more than twenty-five percent (25%) of the stock in the corporation if no other shareholder owns a larger share of stock in the corporation.

NOTE: Sections 181.23 and 185.04 of The Codified Ordinances of Cleveland, Ohio 1976 require that this affidavit, properly executed and containing all required information, accompany your bid. IF YOU FAIL TO COMPLY, YOUR BID WILL NOT BE CONSIDERED.

STATE OF _____

COUNTY OF _____

}

SS

AFFIDAVIT

_____ being first duly
sworn deposes and says:

Individual only:

That he/she is an individual doing business under the name of _____

at _____, State of _____

Partnership only:

That he/she is the duly authorized representative of a partnership doing business
under the name of _____

_____, in the City of _____

_____, State of _____

Corporation only:

That he/she is the duly authorized, qualified and acting _____

_____ of _____

_____, a corporation organized

and existing under the laws of the State of _____;

and that said individual, said partnership or said corporation, is filing herewith
a bid to the City of Cleveland in conformity with the foregoing specifications;

Individual only:

Affiant further says that the following is a complete and accurate list of the names
and addresses of all persons interested in said proposed contract: _____

Affiant further says that he/she is represented by the following attorneys:

and is also represented by the following resident agents in the City of Cleveland:

Partnership only:

Affiant further says that the following is a complete and accurate list of the names
and addresses of the members of said partnership: _____

Affiant further says that said partnership is represented by the following
attorneys: _____

and is also represented by the following resident agents in the City of Cleveland:

Corporation only:

Affiant further says that the following is a complete and accurate list of the officers, directors and attorneys of said corporation:

President

Directors:

Vice President

Secretary

Treasurer

Cleveland Manager or Agent

Attorneys

And that the following officers are duly authorized to execute contracts on behalf of said corporation:

Affiant further says that the bid filed herewith is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization or corporation; that such bid is genuine and not collusive or sham; that said bidder has not, directly or indirectly, induced or solicited any other bidder to put in a false or sham bid, and has not, directly or indirectly, colluded, conspired, connived or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding; that said bidder has not in any manner, directly or indirectly, sought by agreement, communication or conference with anyone to fix the bid price of said bidder or of any other bidder, or to fix any overhead, profit or cost element of such bid price or that of any other bidder, or to secure any advantage against the City of Cleveland or anyone interested in the proposed contract; that all statements contained in such bid are true; that said bidder has not, directly or indirectly, submitted his bid price or any break-down thereof or the contents thereof, or divulged information or data relative thereto, or paid or agree to pay, directly or indirectly, any money or other valuable consideration for assistance or aid rendered or to be rendered in procuring or attempting to procure the contract above referred to, to any corporation, partnership, company, association, organization or to any member or agent thereof, or to any other individual, except to such person or persons as hereinabove disclosed to have a partnership or other financial interest with said bidder in his general business; and further that said bidder will not pay or agree to pay, directly or indirectly, any money or other valuable consideration to any corporation, partnership, company, association, organization or to any member or agent thereof, or to any other individual, for aid or assistance in securing contract above referred to in the event the same is awarded to _____

(name of individual, partnership or corporation)

Further affiant said not.

(Sign Here)  _____

Sworn to before me and subscribed in my presence this _____ day of _____,

20____.

Notary Public

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| 7 List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | - | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. (TIN applicant.) Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law | The grantor-trustee ¹ The actual owner ¹ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor ⁴ |
| For this type of account: | Give name and EIN of: |
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity ¹ |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.



Requested By: _____
(Department/Office)

**NON-COMPETITIVE BID CONTRACT
STATEMENT FOR CALENDAR YEAR 2016
(ALL DEPARTMENTS/OFFICES)**

This statement, properly executed and containing all required information must be completed. **IF YOU FAIL TO COMPLY, YOUR PROPOSAL WILL NOT BE CONSIDERED.**

Entity Name: _____

Entity's Mailing Address: _____

COMPLETE SECTION I, II, OR III BELOW, WHICHEVER IS APPROPRIATE, AND SECTION IV.

NOTE: For purposes of this Statement, the "Mayor" and "Mayor's Committee" means Frank G. Jackson and the Frank G. Jackson For A Better Cleveland Committee, respectively.

SECTION I. TO BE COMPLETED BY NON-PROFIT CORPORATIONS AND GOVERNMENTAL ENTITIES.

If you are recognized by the IRS as a non-profit corporation or are a governmental entity, mark the appropriate designation below and proceed to the indicated section(s).

_____ NON-PROFIT CORPORATION **GO TO SECTIONS III and IV.**

_____ GOVERNMENTAL ENTITY **GO TO SECTION IV.**

SECTION II. TO BE COMPLETED BY INDIVIDUALS, SOLE PROPRIETORSHIPS, PARTNERSHIPS, INCORPORATED PROFESSIONAL ASSOCIATIONS, UNINCORPORATED ASSOCIATIONS, ESTATES AND TRUSTS.

The above-named entity is a (Please mark appropriate designation):

_____ SOLE PROPRIETORSHIP

_____ TRUST

_____ INCORPORATED PROFESSIONAL
ASSOCIATION

_____ ESTATE

_____ UNINCORPORATED ASSOCIATION

_____ PARTNERSHIP

_____ LIMITED LIABILITY COMPANY

_____ JOINT VENTURE

For purposes of Section II, a "principal" means an individual, an owner, a partner, a shareholder, a member, an administrator, an executor or trustee connected with the above-named entity, or the spouse of any of them.

PLEASE READ PARAGRAPHS (A) and (B) and mark the appropriate paragraph. If paragraph (B) is checked, the City of Cleveland is prohibited by Section 3517.13 of the Revised Code from awarding a non-competitively bid contract over \$500.00 to the entity during calendar year 2016 unless Council makes a direct award.

_____ (A) NO ONE PRINCIPAL of the above named entity made one or more contributions to the Mayor or the Mayor's Committee between January 1, 2014 and December 31, 2015 that totaled in excess of \$1,000.00 per individual. (This paragraph also applies if no principal of the above-named entity made any contributions to the Mayor or the Mayor's Committee).

_____ (B) ONE OR MORE PRINCIPALS of the above named entity made, as individual(s), one or more contributions to the Mayor or the Mayor's Committee between January 1, 2014 and December 31, 2015 that totaled in excess of \$1,000.00.

SECTION III. TO BE COMPLETED BY NON- PROFIT AND FOR-PROFIT CORPORATIONS AND BUSINESS TRUSTS.

_____ NON-PROFIT CORPORATION _____ FOR-PROFIT CORPORATION
_____ BUSINESS TRUST (OTHER THAN INCORPORATED PROFESSIONAL ASSOCIATIONS)

For purposes of Section III, a "principal" means an individual or an entity owning more than 20% of the corporation or business trust or the spouse of any such individual.

PLEASE READ PARAGRAPHS (A) (B) (C) and (D) and mark the appropriate paragraph. If paragraph (C) is checked, the City of Cleveland is prohibited by Section 3517.13 of the Revised Code from awarding a non-competitively bid contract over \$500.00 to the entity during calendar year 2016 unless Council makes a direct award. If paragraph (D) is checked, the City of Cleveland is prohibited by Section 3599.03 from awarding a contract to the non-profit corporation.

- _____ (A) NO INDIVIDUAL or entity owned more than 20% of the corporation or business trust between January 1, 2014 and December 31, 2015.
- _____ (B) NO PRINCIPAL of the above named entity made, as an individual, one or more contributions to the Mayor or the Mayor's Committee between January 1, 2014 and December 31, 2015 that totaled in excess of \$1,000.00. (This paragraph also applies if no principal of the above-named entity made any contributions to the Mayor or the Mayor's Committee).
- _____ (C) ONE OR MORE PRINCIPALS of the above named entity made one or more contributions to the Mayor or the Mayor's Committee between January 1, 2014 and December 31, 2015 that totaled in excess of \$1,000.00 individual.
- _____ (D) FUNDS OF THE NON-PROFIT CORPORATION were contributed to the Mayor or the Mayor's Committee at any time.

GO TO SECTION IV.

SECTION IV. TO BE COMPLETED BY ALL ENTITIES.

I do hereby state that I have legal authority to complete this statement on behalf of the above-named entity and to the best of my knowledge and belief the answers herein are true and complete.

Print Name _____ Print Title _____
Signature _____ Date _____
Telephone No. _____
(Area Code) _____

STATE OF _____)
COUNTY OF _____) SS:

Before me, a Notary Public in and for said County and State, personally appeared the above-named _____, who acknowledged that (he/she) did sign the foregoing statement and that the same is (his/her) free act deed, personally and as duly authorized representative of _____, and the free act and deed of the entity on whose behalf (he/she) signed.

Notary Public _____
Date _____

FOR MAYOR'S OFFICE USE ONLY

_____ ELIGIBLE _____
_____ INELIGIBLE _____
DATE _____

Superseded General Decision Number: OH20150002

State: Ohio

Construction Types: Heavy and Highway

Counties: Ohio Statewide.

Heavy and Highway Construction Projects

Note: Under Executive Order (EO) 13658, an hourly minimum wage of \$10.15 for calendar year 2016 applies to all contracts subject to the Davis-Bacon Act for which the solicitation was issued on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least \$10.15 (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2016. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

| Modification Number | Publication Date |
|---------------------|------------------|
| 0 | 01/08/2016 |
| 1 | 01/15/2016 |
| 2 | 02/05/2016 |
| 3 | 02/19/2016 |
| 4 | 03/04/2016 |
| 5 | 03/18/2016 |
| 6 | 04/01/2016 |
| 7 | 04/08/2016 |
| 8 | 04/22/2016 |
| 9 | 05/06/2016 |
| 10 | 05/13/2016 |

BRKY0007-003 06/01/2011

LAWRENCE

| | Rates | Fringes |
|-----------------------------|----------|---------|
| Bricklayer, Stonemason..... | \$ 28.29 | 16.80 |

BROH0001-001 07/01/2015

DEFIANCE, FULTON (Excluding Fulton, Amboy & Swan Creek Townships), HENRY (Excluding Monroe, Bartlow, Liberty, Washington, Richfield, Marion, Damascus & Townships & that part of Harrison Township outside corporate limits of city of Napoleon), PAULDING, PUTNAM and WILLIAMS COUNTIES

| | Rates | Fringes |
|-----------------------------|----------|---------|
| Bricklayer, Stonemason..... | \$ 30.10 | 14.01 |

MASON - STONE.....\$ 28.49 12.61

BROH0008-001 06/01/2015

COLUMBIANA (Salem, Perry, Fairfield, Center, Elk Run, Middleton, & Unity Townships and the city of New Waterford), MAHONING & TRUMBULL

Rates Fringes

BRICKLAYER.....\$ 27.15 18.19

BROH0009-002 06/01/2015

BELMONT & MONROE COUNTIES and the Townships of Warren & Mt. Pleasant and the Village of Dillonvale in JEFFERSON COUNTY

Rates Fringes

Bricklayer, Stonemason.....\$ 28.49 12.61
Refractory.....\$ 30.24 17.14

BROH0010-002 06/01/2015

COLUMBIANA (St. Clair, Madison, Wayne, Franklin, Washington, Yellow Creek & Liverpool Townships) & JEFFERSON (Brush Creek & Saline Townships)

Rates Fringes

Bricklayer, Stonemason.....\$ 28.49 12.61

BROH0014-002 06/01/2015

HARRISON & JEFFERSON (Except Mt. Pleasant, Warren, Brush Creek, Saline & Salineville Townships & the Village of Dillonvale)

Rates Fringes

Bricklayer, Stonemason.....\$ 28.49 12.61

BROH0016-002 05/01/2015

ASHTABULA, GEAUGA, and LAKE COUNTIES

Rates Fringes

Bricklayer, Stonemason.....\$ 32.03 14.9

BROH0018-002 06/01/2015

BROWN, BUTLER, CLERMONT, HAMILTON, PREBLE (Gasper, Dixon, Israel, Lanier, Somers & Gratis Townships) & WARREN COUNTIES:

Rates Fringes

Bricklayer, Stonemason
 COSHOCTON, FAIRFIELD,
 GUERNSEY, HOCKING, KNOX,
 KICKING, MORGAN,
 MUSKINGUM, NOBLE (Beaver,
 Buffalo, Seneca & Wayne
 Townships) & PERRY
 COUNTIES:.....\$ 28.49

12.61

 BROH0045-002 06/01/2015

FAYETTE, JACKSON, PIKE, ROSS and VINTON COUNTIES

| | Rates | Fringes |
|-----------------------------|----------|---------|
| Bricklayer, Stonemason..... | \$ 30.11 | 13.75 |

 BROH0046-002 06/01/2015

ERIE, HANCOCK, HURON, OTTAWA, SANDUSKY, SENECA, WOOD (Perry &
 Bloom Townships) and WYANDOT (Tymochtee, Crawford, Ridge &
 Richland Townships) COUNTIES & the Islands of Lake Erie north
 of Sandusky

| | Rates | Fringes |
|-----------------------------|----------|---------|
| Bricklayer, Stonemason..... | \$ 29.60 | 16.88 |

FOOTNOTE: Layout Man and Sawman rate: \$1.00 per hour above
 journeyman rate.
 Free standing stack work ground level to top of stack;
 Sandblasting and laying of carbon masonry material in swing
 stage and/or scaffold; Ramming and spading of plastics and
 gunniting: \$1.50 per hour above journeyman rate.
 "Hot" work: \$2.50 above journeyman rate.

 BROH0052-001 06/01/2015

ATHENS COUNTY

| | Rates | Fringes |
|-----------------------------|----------|---------|
| Bricklayer, Stonemason..... | \$ 28.49 | 12.61 |

 BROH0052-003 06/01/2015

NOBLE (Brookfield, Noble, Center, Sharon, Olive, Enoch, Stock,
 Jackson, Jefferson & Elk Townships) and WASHINGTON COUNTIES

| | Rates | Fringes |
|-----------------------------|----------|---------|
| Bricklayer, Stonemason..... | \$ 28.10 | 15.80 |

 BROH0055-003 06/01/2015

DELAWARE, FRANKLIN, MADISON, PICKAWAY and UNION COUNTIES

| | Rates | Fringes |
|----------------------------|----------|---------|
| CARPENTER | | |
| DEFIANCE, FULTON, HANCOCK, | | |
| HENRY, PAULDING & WILLIAMS | | |
| COUNTIES..... | \$ 23.71 | 13.28 |

CARP0254-002 05/01/2014

ASHTABULA, CUYAHOGA, GEAUGA & LAKE

| | Rates | Fringes |
|----------------|----------|---------|
| CARPENTER..... | \$ 31.61 | 14.46 |

CARP0372-002 07/01/2008

ALLEN, AUGLAIZE, HARDIN, MERCER, PUTNAM & VAN WERT

| | Rates | Fringes |
|----------------|----------|---------|
| CARPENTER..... | \$ 23.18 | 13.28 |

CARP0639-003 05/01/2014

MEDINA, PORTAGE & SUMMIT

| | Rates | Fringes |
|----------------|----------|---------|
| CARPENTER..... | \$ 29.59 | 14.64 |

CARP0735-002 05/01/2014

ASHLAND, ERIE, HURON, LORAIN & RICHLAND

| | Rates | Fringes |
|----------------|----------|---------|
| CARPENTER..... | \$ 24.80 | 13.29 |

CARP1311-001 05/01/2014

BROWN, BUTLER, CHAMPAIGN, CLARK, CLERMONT, CLINTON, DARKE,
GREENE, HAMILTON, LOGAN, MIAMI, MONTGOMERY, PREBLE, SHELBY &
WARREN

| | Rates | Fringes |
|--------------------------------|----------|---------|
| Carpenter & Piledrivermen..... | \$ 27.39 | 14.33 |
| Diver..... | \$ 40.58 | 9.69 |

CARP1393-002 07/01/2008

CRAWFORD, DEFIANCE, FULTON, HANCOCK, HENRY, LUCAS, OTTAWA,
PAULDING, SANDUSKY, SENECA, WILLIAMS & WOOD

| | Rates | Fringes |
|-----------------------------------|----------|---------|
| Piledrivermen & Diver's Tender... | \$ 27.30 | 16.05 |

COLUMBIANA & JEFFERSON

| | Rates | Fringes |
|--------------------|----------|---------|
| PILEDRIVERMAN..... | \$ 31.74 | 16.41 |

CARP2239-001 07/01/2008

CRAWFORD, OTTAWA, SANDUSKY, SENECA & WYANDOT

| | Rates | Fringes |
|----------------|----------|---------|
| CARPENTER..... | \$ 23.71 | 13.28 |

ELEC0008-002 05/25/2015DEFIANCE, FULTON, HANCOCK, HENRY, LUCAS, OTTAWA, PAULDING,
PUTNAM, SANDUSKY, SENECA, WILLIAMS & WOOD

| | Rates | Fringes |
|--------------------|----------|------------|
| CABLE SPLICER..... | \$ 38.98 | 18.96 |
| ELECTRICIAN..... | \$ 37.12 | 4.5%+18.04 |

ELEC0032-003 06/01/2014ALLEN, AUGLAIZE, HARDIN, LOGAN, MERCER, SHELBY, VAN WERT &
WYANDOT (Crawford, Jackson, Marseilles, Mifflin, Ridgeland,
Ridge & Salem Townships)

| | Rates | Fringes |
|------------------|----------|---------|
| ELECTRICIAN..... | \$ 28.32 | 15.18 |

ELEC0032-004 06/01/1998ALLEN, HARDIN, VAN WERT & WYANDOT (Crawford, Jackson,
Marseilles, Mifflin, Richland, Ridge & Salem Townships)

| | Rates | Fringes |
|-----------------------------|----------|---------|
| Line Construction | | |
| Equipment Operator..... | \$ 20.27 | 4.12+a |
| Groundman Truck Driver..... | \$ 14.43 | 3.63+a |
| Lineman..... | \$ 22.52 | 4.31+a |

FOOTNOTE: a. Half day's Paid Holiday: The last 4 hours of
the workday prior to Christmas or New Year's Day-----
ELEC0038-002 04/27/2015CUYAHOGA, GEAUGA (Bainbridge, Chester & Russell Townships) &
LORAIN (Columbia Township)

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|------------------------------|----------|-------|
| Equipment Operators..... | \$ 32.24 | 12.34 |
| Groundmen..... | \$ 23.28 | 10.37 |
| Linemen & Cable Splicers.... | \$ 35.82 | 13.13 |

ELEC0071-004 12/28/2015

AUGLAIZE, CLINTON, DARKE, GREENE, LOGAN, MERCER, MIAMI,
MONTGOMERY, PREBLE, and SHELBY COUNTIES

| | Rates | Fringes |
|------------------------------|----------|---------|
| Line Construction | | |
| Equipment Operator..... | \$ 32.24 | 12.34 |
| Groundman..... | \$ 23.28 | 10.37 |
| Lineman & Cable Splicers.... | \$ 35.82 | 13.13 |

ELEC0071-005 12/29/2015

ASHTABULA, CUYAHOGA, GEAUGA, LAKE & LORAIN

| | Rates | Fringes |
|---|----------|---------|
| LINE CONSTRUCTION: Equipment Operator | | |
| DOT/Traffic Signal & Highway Lighting Projects... | \$ 31.30 | 13.07 |
| Municipal Power/Transit Projects..... | \$ 37.34 | 14.58 |
| LINE CONSTRUCTION: Groundman | | |
| DOT/Traffic Signal & Highway Lighting Projects... | \$ 24.34 | 11.33 |
| Municipal Power/Transit Projects..... | \$ 29.05 | 12.51 |
| LINE CONSTRUCTION: Linemen/Cable Splicer | | |
| DOT/Traffic Signal & Highway Lighting Projects... | \$ 34.78 | 13.94 |
| Municipal Power/Transit Projects..... | \$ 41.49 | 15.61 |

ELEC0071-008 12/28/2015

COLUMBIANA, MAHONING, and TRUMBULL COUNTIES

| | Rates | Fringes |
|------------------------------|----------|---------|
| Line Construction | | |
| Equipment Operator..... | \$ 32.24 | 12.34 |
| Groundman..... | \$ 23.28 | 10.37 |
| Lineman & Cable Splicers.... | \$ 35.82 | 13.13 |

ELEC0071-010 12/28/2015

BELMONT, CARROLL, HARRISON, HOLMES, JEFFERSON, MEDINA, PORTAGE,
STARK, SUMMIT, and WAYNE COUNTIES

Rates Fringes

Line Construction

ELECTRICIAN.....\$ 32.35 16.24

ELEC0129-004 02/29/2016

ERIE & HURON (Lyme, Ridgefield, Norwalk, Townsend, Wakeman,
Sherman, Peru, Bronson, Hartland, Clarksfield, Norwich,
Greenfield, Fairfield, Fitchville & New London Townships)

Rates Fringes

ELECTRICIAN.....\$ 32.35 16.24

ELEC0141-003 09/01/2015

BELMONT COUNTY

Rates Fringes

CABLE SPLICER.....\$ 32.25 23.67
ELECTRICIAN.....\$ 28.80 23.06

ELEC0212-003 07/01/2013

BROWN, CLERMONT & HAMILTON

Rates Fringes

Sound & Communication
Technician.....\$ 22.50 9.51

ELEC0212-005 06/01/2015

BROWN, CLERMONT, and HAMILTON COUNTIES

Rates Fringes

ELECTRICIAN.....\$ 27.03 17.02

ELEC0245-003 08/31/2015

DEFIANCE, FULTON, HANCOCK, HENRY, HURON, LUCAS, OTTAWA,
PAULDING, PUTNAM, SANDUSKY, SENECA, WILLIAMS, and WOOD COUNTIES

Rates Fringes

Line Construction

| | | |
|--|----------|-----------------|
| Cable Splicer..... | \$ 42.19 | 25.20%+\$5.00+a |
| Groundman/Truck Driver..... | \$ 16.05 | 25.20%+\$5.00+a |
| Heli-arc Welding..... | \$ 36.99 | 25.20%+\$5.00+a |
| Lineman..... | \$ 36.69 | 25.20%+\$5.00+a |
| Operator - Class 1..... | \$ 29.35 | 25.20%+\$5.00+a |
| Operator - Class 2..... | \$ 25.68 | 25.20%+\$5.00+a |
| Traffic Signal & Lighting Technician..... | \$ 33.02 | 25.20%+\$5.00+a |

FOOTNOTE: a. 6 Observed Holidays: New Year's Day; Memorial
Day; Independence Day; Labor Day; Thanksgiving Day; &
Christmas Day. Employees who work on a holiday shall be

Line Construction

| | | |
|------------------------------|----------|------|
| Groundman; & Truck Driver... | \$ 14.65 | 8.18 |
| Line Equipment Operator..... | \$ 19.02 | 8.69 |
| Lineman; & Cable Splicer.... | \$ 21.86 | 9.01 |

ELEC0540-005 12/28/2015

CARROLL (Northern half, including Fox, Harrison, Rose & Washington Townships), COLUMBIANA (Knox Township), HOLMES, MAHONING (Smith Township), STARK, TUSCARAWAS (North of Auburn, Clay, Rush & York Townships), and WAYNE (South of Baughman, Chester, Green & Wayne Townships) COUNTIES

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|------------------|----------|-------|
| ELECTRICIAN..... | \$ 30.04 | 21.78 |
|------------------|----------|-------|

ELEC0573-003 06/01/2015

ASHTABULA (Colebrook, Wayne, Williamsfield, Orwell & Windsor Townships), GEAUGA (Auburn, Middlefield, Parkman & Troy Townships), MAHONING (Milton Township), PORTAGE (Charlestown, Edinburg, Freedom, Hiram, Nelson, Palmyra, Paris & Windham Townships), and TRUMBULL (Except Liberty & Hubbard Townships)

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|------------------|----------|-------|
| ELECTRICIAN..... | \$ 30.57 | 16.85 |
|------------------|----------|-------|

ELEC0575-001 06/02/2015

ADAMS, FAYETTE, HIGHLAND, HOCKING, JACKSON (Bloomfield, Franklin, Hamilton, Jefferson, Lick, Madison, Scioto, Coal, Jackson, Liberty, Milton & Washington Townships), PICKAWAY (Deer Creek, Perry, Pickaway, Salt Creek & Wayne Townships), PIKE (Beaver, Benton, Jackson, Mifflin, Pebble, PeePee, Perry, Seal, Camp Creek, Newton, Scioto, Sunfish, Union & Marion Townships), ROSS, SCIOTO & VINTON (Clinton, Eagle, Elk, Harrison, Jackson, Richland & Swan Townships)

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|------------------|----------|-------|
| ELECTRICIAN..... | \$ 31.70 | 14.58 |
|------------------|----------|-------|

ELEC0648-001 08/31/2015

BUTLER and WARREN COUNTIES (Deerfield, Hamilton, Harlan, Massie, Salem, Turtle Creek, Union & Washington Townships)

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|--------------------|----------|-------|
| CABLE SPLICER..... | \$ 29.39 | 17.17 |
| ELECTRICIAN..... | \$ 28.89 | 17.15 |

ELEC0673-004 06/01/2015

ASHTABULA (Excluding Orwell, Colebrook, Williamsfield, Wayne &

ASHTABULA, CUYAHOGA, ERIE, GEAUGA, LAKE, LORAIN, MEDINA,
 PORTAGE, and SUMMIT COUNTIES

| | Rates | Fringes |
|--------------------------|----------|---------|
| POWER EQUIPMENT OPERATOR | | |
| GROUP 1..... | \$ 34.83 | 14.25 |
| GROUP 2..... | \$ 34.73 | 14.25 |
| GROUP 3..... | \$ 33.69 | 14.25 |
| GROUP 4..... | \$ 32.47 | 14.25 |
| GROUP 5..... | \$ 27.18 | 14.25 |
| GROUP 6..... | \$ 35.08 | 14.25 |
| GROUP 7..... | \$ 35.33 | 14.25 |

OPERATING ENGINEER CLASSIFICATIONS

GROUP 1 - Air Compressor on Steel Erection; Barrier Moving Machine; Boiler Operator on Compressor or Generator when mounted on a Rig; Cableway; Combination Concrete Mixer & Tower; Concrete Plant (over 4 yd. Capacity); Concrete Pump; Crane (All Types, Including Boom Truck, Cherry Picker); Crane-Compact, Track or Rubber over 4,000 lbs. capacity; Cranes-Self Erecting, Stationary, Track or Truck (All Configurations); Derrick; Dragline; Dredge (Dipper, Clam or Suction); Elevating Grader or Euclid Loader; Floating Equipment (All Types); Gradall; Helicopter Crew (Operator-Hoist or Winch); Hoe (all types); Hoisting Engine on Shaft or Tunnel Work; Hydraulic Gantry (Lifting System); Industrial-Type Tractor; Jet Engine Dryer (D8 or D9) Diesel Tractor; Locomotive (Standard Gauge); Maintenance Operator Class A; Mixer, Paving (Single or Double Drum); Mucking Machine; Multiple Scraper; Piledriving Machine (All Types); Power Shovel; Prentice Loader; Quad 9 (Double Pusher); Rail Tamper (with auto lifting & aligning device); Refrigerating Machine (Freezer Operation); Rotary Drill, on Caisson work; Rough Terrain Fork Lift with Winch/Hoist; Side-Boom; Slip-Form Paver; Tower Derrick; Tree Shredder; Trench Machine (Over 24" wide); Truck Mounted Concrete Pump; Tug Boat; Tunnel Machine and/or Mining Machine; Wheel Excavator; and Asphalt Plant Engineer (Cleveland District Only).

GROUP 2 - Asphalt Paver; Automatic Subgrader Machine, Self-Propelled (CMI Type); Bobcat Type and/or Skid Steer Loader with Hoe Attachment Greater than 7,000 lbs.; Boring Machine More than 48"; Bulldozer; Endloader; Horizontal Directional Drill (Over 50,000 ft lbs thrust); Hydro Milling Machine; Kolman-type Loader (production type-Dirt); Lead Greaseman; Lighting & Traffic Signal Installation Equipment (includes all groups or classifications); Material Transfer Equipment (Shuttle Buggy) Asphalt; Pettibone-Rail Equipment; Power Grader; Power Scraper; Push Cat; Rotomill (all), Grinders & Planers of All types; Trench Machine (24" wide & under); Vermeer type Concrete Saw; and Maintenance Operators (Portage and Summit Counties Only).

Rates

Fringes

POWER EQUIPMENT OPERATOR

| | | |
|--------------|----------|-------|
| GROUP 1..... | \$ 33.34 | 14.25 |
| GROUP 2..... | \$ 33.22 | 14.25 |
| GROUP 3..... | \$ 32.18 | 14.25 |
| GROUP 4..... | \$ 31.00 | 14.25 |
| GROUP 5..... | \$ 25.54 | 14.25 |
| GROUP 6..... | \$ 33.59 | 14.25 |
| GROUP 7..... | \$ 33.84 | 14.25 |

OPERATING ENGINEER CLASSIFICATIONS

GROUP 1 - Air Compressor on Steel Erection; Barrier-Moving Machine; Boiler Operator on Compressor or Generator when mounted on a Rig; Cableway; Combination Concrete Mixer & Tower; Concrete Plant (over 4 yd. Capacity); Concrete Pump; Crane (All Types, Including Boom Truck, Cherry Picker); Crane-Compact, Track or Rubber over 4,000 lbs. capacity; Cranes-Self Erecting, Stationary, Track or Truck (All Configurations); Derrick; Dragline; Dredge (Dipper, Clam or Suction); Elevating Grader or Euclid Loader; Floating Equipment (All Types); Gradall; Helicopter Crew (Operator-Hoist or Winch); Hoe (all types); Hoisting Engine on Shaft or Tunnel Work; Hydraulic Gantry (Lifting System); Industrial-Type Tractor; Jet Engine Dryer (D8 or D9) Diesel Tractor; Locomotive (Standard Gauge); Maintenance Operator Class A; Mixer, Paving (Single or Double Drum); Mucking Machine; Multiple Scraper; Piledriving Machine (All Types); Power Shovel; Prentice Loader; Quad 9 (Double Pusher); Rail Tamper (with auto lifting & aligning device); Refrigerating Machine (Freezer Operation); Rotary Drill, on Caisson work; Rough Terrain Fork Lift with Winch/Hoist; Side-Boom; Slip-Form Paver; Tower Derrick; Tree Shredder; Trench Machine (Over 24" wide); Truck Mounted Concrete Pump; Tug Boat; Tunnel Machine and/or Mining Machine; and Wheel Excavator.

GROUP 2 - Asphalt Paver; Automatic Subgrader Machine, Self-Propelled (CMI Type); Bobcat Type and/or Skid Steer Loader with Hoe Attachment Greater than 7,000 lbs.; Boring Machine More than 48"; Bulldozer; Endloader; Hydro Milling Machine; Horizontal Directional Drill (over 50,000 ft. lbs. thrust); Kolman-type Loader (production type-Dirt); Lead Greaseman; Lighting & Traffic Signal Installation Equipment (includes all groups or classifications); Material Transfer Equipment (Shuttle Buggy) Asphalt; Pettibone-Rail Equipment; Power Grader; Power Scraper; Push Cat; Rotomill (all), Grinders & Planers of All types; Trench Machine (24" wide & under); and Vermeer type Concrete Saw.

GROUP 3 - A-Frame; Air Compressor on Tunnel Work (low pressure); Asphalt Plant Engineer; Bobcat-type and/or Skid Steer Loader with or without Attachments; Highway Drills (all types); Locomotive (narrow gauge); Material Hoist/Elevator; Mixer, Concrete (more than one bag capacity); Mixer, one bag capacity (Side Loader); Power Boiler (Over 15 lbs. Pressure) Pump Operator installing & operating Well Points; Pump (4" & over discharge); Railroad Tie Insertor/Remover; Roller, Asphalt; Rotovator (lime soil stabilizer); Switch & Tie Tampers (without lifting &

HAZARDOUS/TOXIC WASTE
PROJECTS

| | |
|-----------------------------------|-------|
| GROUP 1 - C & D.....\$ 34.42 | 17.51 |
| HAZARDOUS/TOXIC WASTE PROJECTS | |
| GROUP 2 - C & D.....\$ 34.12 | 17.51 |
| HAZARDOUS/TOXIC WASTE PROJECTS | |
| GROUP 3 - C & D.....\$ 30.70 | 17.51 |
| HAZARDOUS/TOXIC WASTE PROJECTS | |
| GROUP 4 - C & D.....\$ 27.08 | 17.51 |
| HAZARDOUS/TOXIC WASTE PROJECTS | |
| GROUP 5 - C & D.....\$ 23.97 | 17.51 |
| ALL OTHER WORK | |
| GROUP 1.....\$ 31.29 | 17.51 |
| ALL OTHER WORK | |
| GROUP 2.....\$ 31.02 | 17.51 |
| ALL OTHER WORK | |
| GROUP 3.....\$ 27.91 | 17.51 |
| ALL OTHER WORK | |
| GROUP 4.....\$ 24.62 | 17.51 |
| ALL OTHER WORK | |
| GROUP 5.....\$ 21.79 | 17.51 |

GROUP 1 - Rig, Pile Driver or Caisson Type; & Rig, Pile
Hydraulic Unit Attached

GROUP 2 - Asphalt Heater Planer; Backfiller with Drag
Attachment; Backhoe; Backhoe with
Shear attached; Backhoe-Rear Pivotal Swing; Batch
Plant-Central Mix Concrete; Batch Plant, Portable
concrete; Berm Builder-Automatic; Boat Derrick; Boat-Tug;
Boring Machine Attached to Tractor; Bullclam; Bulldozer;
C.M.I. Road Builder & Similar Type; Cable Placer & Layer;
Carrier-Straddle; Carryall-Scraper or Scoop; Chicago Boom;
Compactor with Blade Attached; Concrete Saw (Vermeer or
similar type); Concrete Spreader Finisher; Combination,
Bidwell Machine; Crane; Crane-Electric Overhead;
Crane-Rough Terrain; Crane-Side Boom; Crane-Truck;
Crane-Tower; Derrick-Boom; Derrick-Car; Digger-Wheel (Not
trencher or road widener); Double Nine; Drag Line; Dredge;
Drill-Kenny or Similar Type; Easy Pour Median Barrier
Machine (or similar type); Electromatic; Frankie Pile;
Gradall; Grader; Gurry; Self-Propelled; Heavy Equipment
Robotics Operator/Mechanic; Hoist-Monorail;
Hoist-Stationary & Mobile Tractor; Hoist, 2 or 3 drum;
Horizontal Directional Drill Operator; Jackall; Jumbo
Machine; Kocal & Kuhlman; Land-Seagoing Vehicle; Loader,
Elevating; Loader, Front End; Loader, Skid Steer;

IRONWORKER

Ornamental, Reinforcing, &

Structural.....\$ 33.33

20.55

IRON0017-010 05/01/2016

ASHTABULA (Eastern part from Lake Erie on the north to route #322 on the south to include Conneaut, Kingsville, Sheffield, Denmark, Dorset, Cherry Valley, Wayne, Monroe, Pierpont, Richmond, Andover & Williamsfield Townships)

Rates

Fringes

IRONWORKER

Structural, including

metal building erection &

Reinforcing.....\$ 33.33

20.55

IRON0044-002 06/01/2015

CLINTON (South of a line drawn from Blanchester to Lynchburg),
HAMILTON, HIGHLAND (Excluding eastern one-fifth & portion of
county inside lines drawn from Marshall to Lynchburg from the
northern county line through E. Monroe to Marshall) & WARREN
(South of a line drawn from Blanchester through Morrow to the
west county line)

Rates

Fringes

IRONWORKER

Fence Erector.....\$ 23.64

19.40

Ornamental; Structural.....\$ 26.27

19.40

IRON0055-003 07/01/2015

CRAWFORD (Area Between lines drawn from where Hwy #598 & #30
meet through N. Liberty to the northern border & from said Hwy
junction point due west to the border), DEFIANCE (S. of a line
drawn from where Rte. #66 meets the northern line through
Independence to the eastern county border), ERIE (Western 1/3),
FULTON, HANCOCK, HARDIN (North of a line drawn from Maysville
to a point 4 miles south of the northern line on the eastern
line), HENRY, HURON (West of a line drawn from the northern
border through Monroeville & Willard), LUCAS, OTTAWA, PUTNAM
(East of a line drawn from the northern border down through
Miller City to where #696 meets the southern border), SANDUSKY,
SENECA, WILLIAMS (East of a line drawn from Pioneer through
Stryker to the southern border), WOOD & WYANDOT (North of Rte.
#30)

Rates

Fringes

IRONWORKER

Fence Erector.....\$ 20.00

20.13

Flat Road Mesh.....\$ 20.75

18.00

Tunnels & Caissons Under

Pressure.....\$ 28.50

18.00

Lynchburg), DARKE, GREENE, HIGHLAND (Inside lines drawn from Marshall to Lynchburg & from the northern county line through East Monroe to Marshall), LOGAN (West of a line drawn from West Liberty to where the northern county line meets the western county line of Hardin), MERCER (Southern half), MIAMI, MONTGOMERY, PREBLE, SHELBY & WARREN (Excluding south of a line drawn from Blanchester through Morrow to the western county line) COUNTIES

| | Rates | Fringes |
|-----------------|----------|---------|
| IRONWORKER..... | \$ 27.00 | 20.23 |

IRON0372-002 06/01/2015

ADAMS (Western Part), BROWN, BUTLER (Southern Part), CLERMONT, CLINTON (South of a line drawn from Blanchester to Lynchburg), HAMILTON, HIGHLAND (Excluding eastern one-fifth & portion of county inside lines drawn from Marshall to Lynchburg from the northern county line through E. Monroe to Marshall) and WARREN (South of a line drawn from Blanchester through Morrow to the west county line) COUNTIES

| | Rates | Fringes |
|------------------------------|----------|---------|
| IRONWORKER, REINFORCING | | |
| Beyond 30-mile radius of | | |
| Hamilton County Courthouse.. | \$ 27.25 | 19.33 |
| Up to & including 30-mile | | |
| radius of Hamilton County | | |
| Courthouse..... | \$ 27.00 | 19.33 |

IRON0549-003 12/01/2015

BELMONT, GUERNSEY, HARRISON, JEFFERSON, MONROE & MUSKINGUM (Excluding portion west of a line starting at Adams Mill going to Adamsville and going from Adamsville through Blue Rock to the south border)

| | Rates | Fringes |
|-----------------|----------|---------|
| IRONWORKER..... | \$ 32.74 | 17.84 |

IRON0550-004 05/01/2015

ASHLAND, CARROLL, COLUMBIANA (W. of a line from Damascus to Highlandtown), COSHOCTON (E. of a line beginning at NW Co. line going through Walhonding & Tunnel Hill to the South Co. line), HOLMES, HURON (S. of Old Rte. #224), MAHONING (S. of Old Rte. #224), MEDINA (S. of Old Rte. #224), PORTAGE (S. of Old Rte. #224), RICHLAND, STARK, SUMMIT (S. of Old Rte. #224, Excluding city limits of Barberton), TUSCARAWAS, & WAYNE

| | Rates | Fringes |
|---------------------------------|----------|---------|
| Ironworkers:Structural, | | |
| Ornamental and Reinforcing..... | \$ 26.66 | 18.36 |

Waterproofing Laborer; Flagperson; Hazardous Waste (level D); Diver Tender; Zone Person & Traffic Control

GROUP 2 - Asphalt Raker; Concrete Puddler; Kettle Man Pipeline); Machine Driven Tools (Gas, Electric, Air); Mason Tender; Brick Paver; Mortar Mixer; Power Buggy or Power Wheelbarrow; Sheeting & Shoring Man; Surface Grinder Man; Plastic Fusing Machine Operator; Pug Mill Operator; & Vacuum Devices (wet or dry); Rodding Machine Operator; Diver; Screwwoman or Paver; Screed Person; Water Blast, Hand Held Wand; Pumps 4" & Under (Gas, Air or Electric) & Hazardous Waste (level C); Air Track and Wagon Drill; Bottom Person; Cofferdam (below 25 ft. deep); Concrete Saw Person; Cutting with Burning Torch; Form Setter; Hand Spiker (Railroad); Pipelayer; Tunnel Laborer (without air) & Caisson; Underground Person (working in Sewer and Waterline, Cleaning, Repairing & Reconditioning); Sandblaster Nozzle Person; & Hazardous Waste (level B)

GROUP 3 - Blaster; Mucker; Powder Person; Top Lander; Wrencher (Mechanical Joints & Utility Pipeline); Yarnier; Hazardous Waste (level A); Concrete Specialist; Concrete Crew in Tunnels (With Air-pressurized - \$1.00 premium); Curb Setter & Cutter; Grade Checker; Utility Pipeline Tapper; Waterline; and Caulker

GROUP 4 - Miner (With Air-pressurized - \$1.00 premium); & Guniting Nozzle Person

TUNNEL LABORER WITH AIR-PRESSURIZED ADD \$1.00 TO BASE RATE

SIGNAL PERSON WILL RECEIVE THE RATE EQUAL TO THE RATE PAID THE LABORER CLASSIFICATION FOR WHICH HE OR SHE IS SIGNALING.

PAIN0006-002 05/01/2015

ASHTABULA, CUYAHOGA, GEAUGA, LAKE, LORAIN, PORTAGE (N. of the East-West Turnpike) & SUMMIT (N. of the East-West Turnpike)

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

PAINTER

COMMERCIAL NEW WORK;

REMODELING; & RENOVATIONS

| | | |
|--------------|----------|-------|
| GROUP 1..... | \$ 27.57 | 13.98 |
| GROUP 2..... | \$ 27.97 | 13.98 |
| GROUP 3..... | \$ 28.27 | 13.98 |
| GROUP 4..... | \$ 29.27 | 13.98 |

COMMERCIAL REPAINT

| | | |
|--------------|----------|-------|
| GROUP 1..... | \$ 27.57 | 13.98 |
| GROUP 2..... | \$ 27.97 | 13.98 |
| GROUP 3..... | \$ 28.27 | 13.98 |

PAINTER CLASSIFICATIONS - COMMERCIAL NEW WORK; REMODELING; & RENOVATIONS

GROUP 1 - Brush; & Roller

GROUP 2 - Sandblasting & Buffing

GROUP 9 - Epoxy Spray (excluding water based)

PAIN0012-008 05/01/2015

BUTLER COUNTY

| | Rates | Fringes |
|--------------|----------|---------|
| PAINTER | | |
| GROUP 1..... | \$ 20.73 | 9.11 |
| GROUP 2..... | \$ 23.39 | 9.11 |
| GROUP 3..... | \$ 23.89 | 9.11 |
| GROUP 4..... | \$ 24.14 | 9.11 |
| GROUP 5..... | \$ 24.39 | 9.11 |

PAINTER CLASSIFICATIONS

GROUP 1: Bridge Equipment Tender; Bridge/Containment Builder

GROUP 2: Brush & Roller

GROUP 3: Spray

GROUP 4: Sandblasting; & Waterblasting

GROUP 5: Elevated Tanks; Steeplejack Work; Bridge; & Lead Abatement

PAIN0012-010 05/01/2015

BROWN, CLERMONT, CLINTON, HAMILTON & WARREN

| | Rates | Fringes |
|--|----------|---------|
| PAINTER | | |
| HEAVY & HIGHWAY BRIDGES- | | |
| GUARDRAILS-LIGHTPOLES- | | |
| STRIPING | | |
| Bridge Equipment Tender and Containment Builder.... | \$ 20.73 | 9.11 |
| Bridges when highest point of clearance is 60 feet or more; & Lead Abatement Projects..... | \$ 24.39 | 9.11 |
| Brush & Roller..... | \$ 23.39 | 9.11 |
| Sandblasting & Hopper Tender; Water Blasting..... | \$ 24.14 | 9.11 |
| Spray..... | \$ 23.89 | 9.11 |

PAIN0093-001 12/01/2015

ATHENS, GUERNSEY, HOCKING, MONROE, MORGAN, NOBLE and WASHINGTON COUNTIES

| | | |
|------------------------------|----------|-------|
| Bridges, Locks, Dams, | | |
| Tension Towers & Energized | | |
| Substations..... | \$ 31.88 | 14.90 |
| Power Generating Facilities. | \$ 28.73 | 14.90 |

PAIN0476-001 06/01/2015

COLUMBIANA, MAHONING, and TRUMBULL COUNTIES

| | Rates | Fringes |
|--------------|----------|---------|
| PAINTER | | |
| GROUP 1..... | \$ 24.97 | 11.73 |
| GROUP 2..... | \$ 26.97 | 11.73 |
| GROUP 3..... | \$ 25.18 | 11.73 |
| GROUP 4..... | \$ 25.62 | 11.73 |
| GROUP 5..... | \$ 25.62 | 11.73 |
| GROUP 6..... | \$ 25.87 | 11.73 |
| GROUP 7..... | \$ 26.97 | 11.73 |

PAINTER CLASSIFICATIONS:

GROUP 1: Painters, Brush & Roller

GROUP 2: Bridges

GROUP 3: Structural Steel

GROUP 4: Spray, Except Bar Joist/Deck

GROUP 5: Epoxy/Mastic; Spray- Bar Joist/Deck; Working Above
50 Feet; and Swingstages

GROUP 6: Tanks; Sandblasting

GROUP 7: Towers; Stacks

PAIN0555-002 06/01/2015

ADAMS, HIGHLAND, JACKSON, PIKE & SCIOTO

| | Rates | Fringes |
|--------------|----------|---------|
| PAINTER | | |
| GROUP 1..... | \$ 29.52 | 14.44 |
| GROUP 2..... | \$ 30.87 | 14.44 |
| GROUP 3..... | \$ 32.23 | 14.44 |
| GROUP 4..... | \$ 34.86 | 14.44 |

~~PAINTER~~ CLASSIFICATIONS

GROUP 1 - Containment Builder

GROUP 2 - Brush; Roller; Power Tools, Under 40 feet

GROUP 3 - Sand Blasting; Spray; Steam Cleaning; Pressure
Washing; Epoxy & Two Component Materials; Lead Abatement;
Hazardous Waste; Toxic Materials; Bulk & Storage Tanks of
25,000 Gallon Capacity or More; Elevated Tanks

\$1.00 PER HOUR SHALL BE ADDED TO THE RATE OF PAY FOR THE CLASSIFICATION OF WORK:

For the application of catalized epoxy, including latex epoxy that is deemed hazardous, lead abatement, or for work on material where special precautions beyond normal work duties must be taken. For working on stacks, tanks, and towers over 40 feet in height.

PAIN0813-005 12/01/2008

GALLIA, LAWRENCE, MEIGS & VINTON

| | Rates | Fringes |
|--|----------|---------|
| PAINTER | | |
| Base Rate..... | \$ 24.83 | 10.00 |
| Bridges, Locks, Dams & Tension Towers..... | \$ 27.83 | 10.00 |

PAIN0841-001 06/01/2015

MEDINA, PORTAGE (South of and including Ohio Turnpike), and SUMMIT (South of and including Ohio Turnpike) COUNTIES

| | Rates | Fringes |
|--------------|----------|---------|
| Painters: | | |
| GROUP 1..... | \$ 24.88 | 12.97 |
| GROUP 2..... | \$ 25.53 | 12.97 |
| GROUP 3..... | \$ 25.63 | 12.97 |
| GROUP 4..... | \$ 25.73 | 12.97 |
| GROUP 5..... | \$ 26.13 | 12.97 |
| GROUP 6..... | \$ 39.20 | 11.75 |
| GROUP 7..... | \$ 26.13 | 12.97 |

PAINTER CLASSIFICATIONS:

GROUP 1 - Brush, Roller & Paperhanger

GROUP 2 - Epoxy Application

GROUP 3 - Swing Scaffold, Bosum Chair, & Window Jack

GROUP 4 - Spray Gun Operator of Any & All Coatings

GROUP 5 - Sandblast, Painting of Standpipes, etc. from Scaffolds, Bridge Work and/or Open Structural Steel, Standpipes and/or Water Towers

GROUP 6 - Public & Commerce Transportation, Steel or Galvanized, Bridges, Tunnels & Related Support Items (concrete)

GROUP 7 - Synthetic Exterior, Drywall Finisher and/or Taper, Drywall Finisher and Follow-up Man Using Automatic Tools

PAIN1020-002 04/01/2016

| | Rates | Fringes |
|--|----------|---------|
| Plumber, Pipefitter, Steamfitter..... | \$ 39.30 | 23.62 |
| ----- | | |
| PLUM0055-003 05/01/2015 | | |

ASHTABULA, CUYAHOGA, GEAUGA, LAKE, MEDINA (N. of Rte. #18 & Smith Road) & SUMMIT (N. of Rte. #303, including the corporate limits of the city of Hudson)

| | Rates | Fringes |
|-------------------------|----------|---------|
| PLUMBER..... | \$ 34.90 | 21.78 |
| ----- | | |
| PLUM0083-001 07/01/2013 | | |

BELMONT & MONROE (North of Rte. #78)

| | Rates | Fringes |
|------------------------------|----------|---------|
| Plumber and Steamfitter..... | \$ 25.42 | 27.83 |
| ----- | | |
| PLUM0094-002 05/01/2015 | | |

CARROLL (Nortnen Half), STARK, and WAYNE COUNTIES

| | Rates | Fringes |
|-------------------------|----------|---------|
| PLUMBER/PIPEFITTER..... | \$ 33.83 | 16.84 |
| ----- | | |
| PLUM0120-002 05/01/2015 | | |

ASHTABULA, CUYAHOGA, GEAUGA, LAKE, LORAIN (the C.E.I. Power House in Avon Lake), MEDINA (N. of Rte. #18) & SUMMIT (N. of #303)

| | Rates | Fringes |
|-------------------------|----------|---------|
| PIPEFITTER..... | \$ 36.19 | 22.18 |
| ----- | | |
| PLUM0162-002 06/01/2015 | | |

CHAMPAIGN, CLARK, CLINTON, DARKE, FAYETTE, GREENE, MIAMI, MONTGOMERY & PREBLE

| | Rates | Fringes |
|--|----------|---------|
| Plumber, Pipefitter, Steamfitter..... | \$ 28.65 | 20.47 |
| ----- | | |
| PLUM0168-002 06/01/2015 | | |

MEIGS, MONROE (South of Rte. #78), MORGAN (South of Rte. #78) & WASHINGTON

Plumber, Pipefitter,
 Steamfitter.....\$ 30.42 20.06

 PLUM0577-002 06/01/2015

ADAMS, ATHENS, GALLIA, HIGHLAND, JACKSON, LAWRENCE, PIKE,
 SCIOTO & VINTON

Rates Fringes

Plumber, Pipefitter,
 Steamfitter.....\$ 28.05 21.95

 PLUM0776-002 07/01/2015

ALLEN, AUGLAIZE, HARDIN, LOGAN, MERCER, SHELBY and VAN WERT
 COUNTIES

Rates Fringes

Plumber, Pipefitter,
 Steamfitter.....\$ 34.79 20.24

 TEAM0377-003 05/01/2012

STATEWIDE, EXCEPT CUYAHOGA, GEAUGA & LAKE

Rates Fringes

TRUCK DRIVER
 GROUP 1.....\$ 23.38 13.18
 GROUP 2.....\$ 23.80 13.18

TRUCK DRIVER CLASSIFICATIONS

GROUP 1 - Asphalt Distributor; Batch; 4- Wheel Service;
 4-Wheel Dump; Oil Distributor & Tandem

GROUP 2 - Tractor-Trailer Combination: Fuel; Pole Trailer;
 Ready Mix; Semi-Tractor; & Asphalt Oil Spraybar Man When
 Operated From Cab; 5 Axles & Over; Belly Dump; End Dump;
 Articulated Dump; Heavy Duty Equipment; Low Boy; & Truck
 Mechanic

 TEAM0436-002 05/01/2015

CUYAHOGA, GEAUGA & LAKE

Rates Fringes

TRUCK DRIVER
 GROUP 1.....\$ 26.90 14.85
 GROUP 2.....\$ 27.40 14.85

GROUP 1: Straight & Dump, Straight Fuel

GROUP 2: Semi Fuel, Semi Tractor, Euclids, Darts, Tank,
 Asphalt Spreaders, Low Boys, Carry-All, Tourna-Rockers,

rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- * an existing published wage determination
- * a survey underlying a wage determination
- * a Wage and Hour Division letter setting forth a position on a wage determination matter
- * a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.

General Decision Number: OH160029 05/20/2016 OH29

Superseded General Decision Number: OH20150029

State: Ohio

Construction Type: Residential

County: Cuyahoga County in Ohio.

RESIDENTIAL CONSTRUCTION PROJECTS (consisting of single family homes and apartments up to and including 4 stories).

Note: Under Executive Order (EO) 13658, an hourly minimum wage of \$10.15 for calendar year 2016 applies to all contracts subject to the Davis-Bacon Act for which the solicitation was issued on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least \$10.15 (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2016. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

| Modification Number | Publication Date |
|---------------------|------------------|
| 0 | 01/08/2016 |
| 1 | 05/20/2016 |

* BROH0005-010 05/01/2016

| | Rates | Fringes |
|-----------------|----------|---------|
| BRICKLAYER..... | \$ 29.79 | 4.19 |

ELEC0306-002 06/01/2015

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

ELECTRICIAN

| | | |
|--|----------|----------|
| Exceeding four units under one roof..... | \$ 37.13 | 3%+18.77 |
| Four or less units under one roof..... | \$ 19.77 | 11.10 |

ENGI0018-028 05/01/2015

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|---|----------|-------|
| POWER EQUIPMENT OPERATOR (Bulldozer)..... | \$ 36.36 | 14.25 |
|---|----------|-------|

ENGI0066-026 06/01/2014

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|-------------------------------------|----------|-------|
| POWER EQUIPMENT OPERATOR Crane..... | \$ 20.87 | 17.51 |
|-------------------------------------|----------|-------|

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of "identifiers" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than "SU" or "UAVG" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

Survey Rate Identifiers

Classifications listed under the "SU" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

=====

END OF GENERAL DECISION

General Decision Number: OH160095 05/06/2016 OH95

Superseded General Decision Number: OH20150095

State: Ohio

Construction Type: Building

County: Cuyahoga County in Ohio.

BUILDING CONSTRUCTION PROJECTS (does not include single family homes or apartments up to and including 4 stories).

Note: Under Executive Order (EO) 13658, an hourly minimum wage of \$10.15 for calendar year 2016 applies to all contracts subject to the Davis-Bacon Act for which the solicitation was issued on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least \$10.15 (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2016. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

| Modification Number | Publication Date |
|---------------------|------------------|
| 0 | 01/08/2016 |
| 1 | 01/15/2016 |
| 2 | 02/05/2016 |
| 3 | 02/19/2016 |
| 4 | 05/06/2016 |

ASBE0003-002 08/01/2015

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|--|----------|-------|
| ASBESTOS WORKER/HEAT & FROST INSULATOR..... | \$ 37.38 | 19.88 |
|--|----------|-------|

BROH0005-006 05/01/2015

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|-----------------|----------|-------|
| BRICKLAYER..... | \$ 33.81 | 14.00 |
|-----------------|----------|-------|

BROH0005-007 05/01/2015

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|-----------------------------------|----------|-------|
| BRICK POINTER/CAULKER/CLEANER.... | \$ 33.81 | 14.00 |
|-----------------------------------|----------|-------|

BROH0005-009 05/01/2013

| | Rates | Fringes |
|--|-------|---------|
|--|-------|---------|

| | | |
|--------------------|----------|-------|
| TILE FINISHER..... | \$ 26.63 | 10.82 |
|--------------------|----------|-------|

BROH0036-001 05/01/2015

PAID HOLIDAYS:

a. New Year's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, the Friday after Thanksgiving, and Christmas Day.

b. Employer contributes 8% of regular hourly rate to vacation pay credit for employee who has worked in business more than 5 years; 6% for less than 5 years' service.

ENGI0018-039 07/01/2015

| | Rates | Fringes |
|-----------------------------|----------|---------|
| POWER EQUIPMENT OPERATOR | | |
| Backhoe/Excavator/Trackhoe; | | |
| Crane..... | \$ 36.61 | 14.16 |
| Oiler..... | \$ 26.83 | 14.16 |

ENGI0018-040 05/01/2015

| | Rates | Fringes |
|--------------------------|----------|---------|
| POWER EQUIPMENT OPERATOR | | |
| Bulldozer..... | \$ 36.36 | 14.25 |

ENGI0066-045 06/01/2014

| | Rates | Fringes |
|--------------------------|----------|---------|
| POWER EQUIPMENT OPERATOR | | |
| Forklift..... | \$ 27.91 | 17.51 |
| Grader/Blade..... | \$ 31.02 | 17.51 |
| Mechanic..... | \$ 31.52 | 17.51 |

* IRON0017-011 05/01/2016

| | Rates | Fringes |
|----------------------------|----------|---------|
| IRONWORKER | | |
| Ornamental, Reinforcing, & | | |
| Structural..... | \$ 33.33 | 20.55 |

LABO0310-002 05/01/2014

| | Rates | Fringes |
|--------------------------|----------|---------|
| LABORER | | |
| Common or General; Mason | | |
| Tender - Brick & | | |
| Cement/Concrete..... | \$ 24.69 | 17.12 |

LABO0894-003 05/01/2015

| | Rates | Fringes |
|----------------|----------|---------|
| LABORER | | |
| Pipelayer..... | \$ 29.65 | 9.85 |

LABO0894-004 05/01/2015

| | Rates | Fringes |
|---|----------|---------|
| SHEET METAL WORKER (Including HVAC Duct and Unit Installation)..... | \$ 35.96 | 23.10 |

SUOH2012-076 08/29/2014

| | Rates | Fringes |
|---|----------|---------|
| LABORER: Asphalt, Includes Raker, Shoveler, Spreader and Distributor..... | \$ 24.53 | 14.55 |
| OPERATOR: Bobcat/Skid Steer/Skid Loader..... | \$ 32.88 | 12.26 |
| OPERATOR: Loader..... | \$ 29.66 | 12.61 |
| OPERATOR: Paver (Asphalt, Aggregate, and Concrete)..... | \$ 31.48 | 12.80 |
| OPERATOR: Roller..... | \$ 31.48 | 12.80 |
| PAINTER: Spray..... | \$ 22.78 | 12.40 |
| TRUCK DRIVER: Dump (All Types)... | \$ 24.32 | 11.73 |

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

=====

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of "identifiers" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than "SU" or "UAVG" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of

- * a Wage and Hour Division letter setting forth a position on a wage determination matter
- * a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

=====

END OF GENERAL DECISION